DLHS-2

KARNATAKA

Reproductive and Child Health

District Level Household Survey 2002-04

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Ministry of Health & Family Welfare, Government of India New Delhi - 110 011

Institute for Social and Economic Change Bangalore - 560 072

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PREFACE AND ACKNOWLEDGEMENT

The Government of India launched the Reproductive and Child Health (RCH) programme to ensure that the couples have access to adequate information and services for reproductive health care. As a first step, family planning target was withdrawn and an effort now is being made to provide a package of reproductive services at different levels of health care centres.

Monitoring of services is also being improved. New indicators are being added to assess the quality of services and provision of an integrated reproductive health care service. In this connection, a District Level Household Survey (DLHS) was initiated by the Government of India and financed by the World Bank covering all districts in the country. For the second time, district level estimates are available for most of the critical reproductive health indicators. These important initiatives are quite satisfying for all those who are concerned with taking ICPD reproductive health agenda ahead. The project was coordinated by the International Institute for Population Sciences, Mumbai, and implemented through a number of consulting agencies.

For the purpose of data collection, uniform questionnaires, sampling design and field procedures were adopted throughout the country. The survey has thus provided comparable data for all the districts in the state. The present report provides the salient findings of Karnataka, covering and covered all the districts. The findings of selected indicators of reproductive and child health services from the state of Karnataka have been presented in this report.

It is believed that the data generated through this survey will meet the requirements of the Programme Administrators and Policy Makers for making effective interventions for providing quality services and achieving multiple objectives.

The DLHS-RCH could not have been successfully completed without the cooperation and support from innumerable sources at various stages of the project. Although, it is not possible to acknowledge everyone involved in the survey, several organizations and individuals deserve special mention.

We would like to take this opportunity to acknowledge Shri P.K. Hota, Secretary, Ministry of Health and Family Welfare (MoHFW), Government of India for the help given while conducting this survey. Our special thanks are due to Shri Y.N.Chaturvedi, Shri A. R. Nanda and Shri J.V.R. Prasada Rao, former Seceratories, Department of Family Welfare, GoI, who gave us an opportunity to participate as consulting organization in the survey of national importance. Our special thanks are also due to Shri S. K. Sinha, Additional Director General, Ministry of Health and Family Welfare, GoI. Thanks are also due to Dr. K.V.Rao, Shri S.K.Das and Shri D.K.Joshi, former Chief Directors for their help. We are also thankful to Shri Partha Chattopadhyaya, Chief Director and Mr. K.D. Maiti, Director, Mrs. Rashmi Varma, and Mr.Rezimohn, Assistant Director, Statistics division of MoHFW for all the support extended by them. Our special thanks are due to Dr. T. K. Roy, former Director and Senior Professor, IIPS, Mumbai, for his timely advice and valuable guidance. Thanks are also due to Dr. G. Rama Rao, Officiating Director, IIPS, Mumbai. We also acknowledge the contribution of Dr. F. Ram, Dr. B. Paswan, Dr. L. Ladu Singh, coordinators of the project at IIPS, Mumbai. Our thanks are also due to the Directors of Census Operations and the state Department of Health and Family

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In Phase I, survey in eight districts of Karnataka, *viz.,* Belgaum, Bidar, Gulbarga, Koppal, Raichur, Shimoga, Tumkur and Uttara Kannada was carried out in collaboration with the PRC of the Institute of Economic Research, Dharwad. And, the survey in 6 districts, *viz.,* Bangalore, Bangalore Rural, Hassan, Kodagu, Kolar and Mandya was carried out in collaboration with the Institute for Development Research and Policy (IDRP), Bangalore. We are grateful to the Directors of PRC, Dharwad and IDRP, Bangalore, and their staff for cooperation at various stages of the survey.

All the faculty and technical staff of PRC at ISEC were involved in various stages of the survey under the overall coordination and guidance of Dr. K. N. M. Raju, former Professor and Head of the PRC at ISEC. Specifically, Drs. R. Mutharayappa and C. S. Veeramatha shared the major burden of training field investigators. Drs. R. Mutharayappa, C. S. Veeramatha, K. S. Umamani, T. N. Bhat, M. Lingaraju, Mr. P. Prabhuswamy and Mr. C. Yogananda shared the responsibility of monitoring the fieldwork including house-listing operations, and, in the preparation of district as well as state reports. The major part of data analysis and preparation of Graphs in Phase I of Round II was carried out by Mr. P Prabhuswamy. Dr. K. S. Umamani shared the responsibility of monitoring the work of health investigators. Not the least, Dr. K. S. James, Professor and Head of the PRC at ISEC guided the preparation of this report.

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Dr. K. S. James
Professor and Head
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June, 2006

KEY INDICATORS, KARNATAKA

DISTRICT LEVEL HOUSEHOLD SURVEY- REPRODUCTIVE AND CHILD HEALTH, (DLHS-RCH), 2002-04

Sample size	
Households surveyed	28,167
Currently married women age 15-44	22,655
Husband's of eligible women	13,903
Characteristics of households	
Percent rural	66.5
Percent Hindu	85.0
Percent Muslim	11.9
Percent other religion (Christian)	2.2
Percent scheduled caste	18.0
Percent scheduled tribe	7.7
Percent with electricity	87.0
Percent with flush toilet	17.0
Percent with no toilet facility	60.5
Percent living in *Kachcha* houses	12.8
Percent living in *Pucca* houses	21.5
Percent with low standard of living	44.6
Percent with high standard of living	22.2
Percent with iodized salt (15+ppm)	22.9
Characteristics of currently married women age 15-44 years	
Percent below age 30	52.4
Percent with age at first cohabitation below age 18.	55.6
Percent illiterate	45.7
Percent having 10 or more years of schooling	22.6
Percent with illiterate husband	32.7
Percent with husband 10+ years of schooling	34.1
Marriage	
Mean age at marriage for boys	25.1
Mean age marriage for girls	19.1
Percent of boys married below age 21	13.8
Percent of girls married below age 18	31.4
Fertility	
Mean children ever born women age 40-44 years	3.6
Percent of births of order 3 and above[1]	29.6
Current use of family planning method	
Any method	59.3
Any modern method	57.7
Pill	0.9
IUD	2.8
Condom	1.4
Female sterilization	52.4
Male sterilization	0.2
Any traditional method	1.6
Rhythm/safe period	1.2
Withdrawal	0.1
Unmet need for family planning	
Percent with unmet need for spacing	6.6
Percent with unmet need for limiting	8.5
Percent with total unmet need	15.1
Maternal care[2]	
Percent of women received antenatal check-ups	91.5
Antenatal check-up at home	4.1
Antenatal check-up in first trimester	67.2
Three or more visit for ANC	79.4
Two or more tetanus toxoid injections	78.9
Adequate Iron folic acid tablets/syrup[3]	33.4
Full antenatal check-up[4]	29.9
Delivery characteristics[2]	
Delivery at home	41.9
Delivery at government health institutions	29.0
Delivery at private health institutions	28.9
Delivery attendant by skilled persons[5]	66.6
Child health	
Percent of children whose mother squeezed out milk from her breast[6]	45.3
Percent of children[7] with diarrhoea[8] who received ORS	25.8
Percent of women whose child[7] with pneumonia[8] sought treatment	73.5
Percent of children who received vaccinations[9]	
BCG	92.4
DPT (3 injections)	83.3
Polio (3 drops)	82.4
Measles	77.2
All vaccinations[10]	71.3
No vaccination at all.	4.7
Percentage of women who had	
Pregnancy complication[2]	17.6
Delivery complication[2]	22.1
Post delivery complication[2]	17.1
Symptoms of RTI/STI	19.2
Problems of vaginal discharge	7.3
Menstruation related problem	15.5
Awareness of RTI/STI and HIV/AIDS	
Percent of women who have heard of RTI/STI	21.2
Percent of women who have heard of HIV/AIDS	68.7
Utilization of government health services	
Antenatal care	36.9
Treatment for pregnancy complication	35.2
Treatment for post-delivery complication	42.3
Treatment for vaginal discharge	41.6
Treatment for children with diarrhoea	27.5
Treatment for children with pneumonia	25.0
Quality of family planning services	
Percent non-users ever advised to adopt the family planning method	18.5
Percent users told about side effects of any modern method	50.0
Percent users who received follow-up services	46.0
Characteristics of husband of eligible women	
Percent of husband knowing NSV	12.7
Percent of men who have heard of RTI/STI	30.2
Percent of men who have heard of HIV/AIDS	74.8
Percentage who had any symptoms of RTI/STI	3.2
Sought treatment for RTI/STI	35.9

[1] For births in past three years, [2] For live/still births during three years preceding the survey, [3] 100 or more IFA tablets/Syrup, [4] A minimum of three visits for ANC, at least one TT injections and 100 or more IFA tablets/syrup, [5] Either institutional delivery or home delivery assisted by Doctor/ANM/nurse, [6] Children age below 3 years, [7] Last but one living children below age 3 years, [8] Last two weeks preceding the survey, [9] Last but one living children (age 12-23 months) born during three years preceding the survey. [10] BCG, three injections of DPT, three drops of polio and measles.

SALIENT FINDINGS

The Government of India proposed to undertake district level household surveys through non-governmental agencies for the assessment of district level Reproductive and Child Health indicators on an annual based. The District Level Household Survey (DLHS) was the result of this initiative from the government. The Population Research Centre (PRC) of the Institute for Social and Economic Change, Bangalore was entrusted with the task of carrying out the survey in Karnataka state. The survey for Phase-1 of the DLHS covering 14 districts of Karnataka was conducted from June 2002 to October 2002. The survey for Phase-2 covering the remaining 13 districts of the state was carried out from May 2004 to September 2004. The main focus of the survey has been on: i) Coverage of Ante Natal Care (ANC) and immunization services, ii) Extent of safe deliveries, iii) Contraceptive prevalence and unmet need for family planning, iv) Awareness about RTI/STI and HIV/AIDS, and v) Utilization of government health services and users' satisfaction. The salient findings of the survey has been presented below.

From both the phases together, the data were collected from 28,167 households in Karnataka. A total of 22,656 eligible women (usual residents or visitors who had stayed in the sample household the night before the interview), who were currently married and aged 15-44 years (whose marriage was consummated) and 13,903 husbands of the eligible women were interviewed from these 28,167 households.

Of the total households interviewed in the state, one-third or 33 per cent were from the urban areas. A predominant 85 per cent of the sample households belonged to Hindus, 12 per cent to Muslims and a meagre 3 per cent to other religions. A little more than one-fourth or 26 per cent of the households belonged to either scheduled castes or scheduled tribes. About 13 per cent of the households lived in *Kachcha,* about 66 per cent in Semi-*pacca* and 22 per cent in *Pucca* houses. A little less than half of the households (45 per cent) belonged to low economic status i.e., low standard of living index category.

Nearly two-thirds or 66 per cent of the population aged seven and above was literate in the state as a whole. The proportion of literates among females was 58 per cent, while it was 75 per cent for males. The proportion of illiterates was much higher among the older cohort people than the younger ones. A little less than half or 46 per cent of the eligible women in the state were illiterates, and a little less than one-fourth or 23 per cent of the women had completed 10 or more years of schooling. Comparatively, literacy levels of the husbands of eligible women in Karnataka were much better than their spouses. Regarding the distribution of illiterate women, a much lower percentage of younger women below age 30 years were illiterates as compared to older women in age 30 years and above. However, the percentage of illiterate husbands across age groups was somewhat similar except for husbands in the age group 25-34 years which was relatively lower.

The mean age at marriage among boys and girls in the state was 25 years and 19 years respectively as reported for the marriages that took place in the households during the three yeas prior to the survey. The data indicated that 14 per cent of the boys and 31 per cent of the girls in the state got married before attaining the minimum legal age at marriage of 21 and 18 years, respectively. Excepting Bagalkot, Bellary, Bijapur, Gulbarga, Koppal and Raichur districts, in all

other districts less than one-fifth of the boys got married below the legal minimum age at marriage prescribed for them, i.e., 21 years. In all the districts other than Bangalore Urban, Chikmaglur, Dakshina Kannada, Davanagere, Hassan, Kodagu, Shimoga, Udipi and Uttara Kannada the proportions varied from 25 per cent to 59 per cent of the girls who got married below the legal minimum age at marriage for them i.e., 18 years.

A little less than one-fourth or 23 per cent of the households were using cooking salt that was iodized at the recommended level of 15 parts per million or higher level of iodine content Significantly, half of the households in the state used salts that was not iodized at all. Davanagere district had the lowest proportion of households (11 per cent) using non-iodized salt and the highest proportion of households (79 per cent) using non-iodized salt reported in Gulbarga district. While one-fourth i.e., 25 per cent or higher percentage of the households in Bangalore Urban, Belgaum, Chamarajnagar, Chikmagalur, Dakshina Kannada, Davanagere, Kodagu, Mandya, Mysore, Udupi and Uttatra Kannada districts consumed salt that was adequately iodized, less than 10 per cent of the households used it in the districts of Bagalkot, Dharwad, Gadag, Haveri, Koppal and Raichur.

The women, on the verge of completion of their reproductive span, i.e., in age 40-44 years, on an average had given birth to 3.6 children. The completed fertility in the state varied from a low of 2.7 mean of number children ever born per women in Kodagu district to a high of 5.7 children in Raichur district. A little more than one-third or 37 per cent of the births in the three year period preceding the survey were of first order. The proportion of higher order births was somewhat high in a majority of the districts. And, the proportion of three and higher order births varied from a low of 12 per cent in Bangalore Urban and Hassan districts to a high of 51 per cent in Gulbarga and Koppal districts.

The data collected on the utilization of ANC services for the women who had their last live/ still birth during three years prior to survey has shown that 92 per cent of the women received at least one ante-natal care during pregnancy. About four per cent of the women during their pregnancy were visited by health worker at their residences for providing ANC. Forty-three per cent of the women visited private health facilities and 37 per cent received ANC from government health facilities. The percentage of women who got some kind of ANC during pregnancy ranged between 70 per cent in Raichur to 100 per cent in Dakshina Kannada. In 18 districts out of 27, 90 per cent or more women had got some antenatal care.

Though 92 per cent of the women in Karnataka received ANC, only 71, 78 and 80 per cent women had check-up of weight, blood pressure and abdomen respectively. Thirty-three per cent of the women received Iron and Folic Acid (IFA) tablets and 86 per cent got at least one TT injection. A full package of ANC including minimum three ANC visits, at least one TT injection and 100 or more IFA tablets/Syrup was received by 30 per cent of the women.

Minimum three ANC and timing of first check up is crucial for maternal and child care. In Karnataka nearly 68 per cent of the women got ANC in the first trimester and nearly 80 per cent had minimum three antenatal check-ups. The extent of ANC in first trimester varied from a minimum of 39 per cent in Raichur to a maximum of 89 per cent in Uttara Kannada. In Raichur,

only 51 per cent of the women had minimum three ANC whereas in Udupi 99 per cent of the women had got minimum three ANC.

Nearly 58 per cent of the total deliveries in Karnataka were conducted in the health institutions; 8 percentages points up from the RCH Round I. A majority of the institutional deliveries were conducted in government and private institutions (government and private 29 per cent each of total deliveries). Forty-two per cent of the total deliveries, that took place at home, were assisted by midwifery trained persons i.e. doctor/ nurse and ANM. In all, 67 per cent of the deliveries, slightly up from the RCH Round I (60 per cent), in the state were assisted by skilled personnel. The extent of institutional deliveries varied from the highest of 92 per cent in Bangalore Urban to the lowest of 21 per cent each in Koppal and Raichur. In all the districts, comparatively higher proportion of deliveries took place in government health institutions. Safe deliveries were on similar pattern in all the districts. The per cent of the institutional deliveries increased substantially with women's education and economic status, though the variation in the institutional deliveries by women's education was much conspicuous than that by women's economic status.

In Karnataka, 18, 22 and 17 per cent of the women experienced pregnancy, delivery and post delivery complications respectively. About 71 per cent of the women sought treatment for the pregnancy and 69 per cent for the post-delivery complications. The pregnancy complications varied from the lowest of 7 per cent in Udupi to the highest of 43 per cent in Chikmagalur. The incidence of all the three types of complications seemed to be linked with each other. In the districts where the incidence of pregnancy complications was low, the incidence of delivery and post-delivery complications was also low.

In most of the districts and the state as a whole, the practice of breast-feeding was almost universal. However, the practice of initiation of breastfeeding within two hours of birth of the child was not common. In Karnataka, 40 per cent of the women started breastfeeding the child within two hours of birth and 42 per cent started after one day of birth. There was great deal of variation in the pattern of breastfeeding across districts. In Mysore district only fifteen per cent of the women breastfed the child within two hours of birth. In Udupi and Davanagere districts, the percentage was highest (78 and 69 per cent respectively).

In Karnataka, 92, 83, 82 and 77 per cent of children received BCG vaccine, three doses of DPT, Polio and measles vaccines respectively. There was 15 percentage points drop from BCG to measles. It means that a large number of children who had contact with services providers who missed out of subsequent services. The complete schedule of immunization including BCG, three doses of DPT and Polio each and measles was received by 71 per cent of the children, whereas 5 per cent of the children did not receive a single vaccination under routine programme. About 47 per cent of the children received supplementation of at least one dose of vitamin A and only 7 per cent of the children received IFA tablets/liquid for iron supplementation.

The extent of complete immunization consisting of BCG, three injections of DPT, three doses of Polio and measles was the lowest in Bagalkot (41 per cent) and highest in Uttara Kannada (96 per cent). In 6 districts (Bagalkot, Koppal, Raichur, Gulbarga, Bijapur and Belgaum), the coverage of full immunization was below 55 per cent.

In Karnataka, 50 per cent of the women were aware of diarrhoea management and 26 per cent were aware of Oral Rehydration Salt (ORS). During the two-week period prior to survey, children of 13 per cent of the women suffered from diarrhoea. And 33 per cent of the women treated diarrhoea among children by giving ORS. In comparison to awareness about diarrhoea management, the awareness about danger signs of pneumonia was quite low. Only 16 per cent of the women reported awareness about danger sings of pneumonia. Twenty-four per cent of the women reported that their children suffered from cough, cold and difficulty in breathing in two-week period prior to the survey and about 74 per cent of them sought treatment.

The knowledge of family planning methods was universal in all districts of Karnataka, with 99 per cent of the women reporting knowledge of one method or the other. However, the knowledge of any spacing method is marginally low (73 per cent). The knowledge of any modern methods was also universal in all the districts, though the knowledge of all modern methods was only 25 per cent. The proportion knowing all modern methods (males and females' sterilization, IUD, oral pills and condom) varied from about 2 per cent in Gulbarga to 62 per cent in Udupi.

In DLHS, knowledge about No-scalpel vasectomy has been asked to husbands of eligible women. About 13 per cent of the husbands were aware of no-scalpel vasectomy in the state. The proportion of husbands knowing No-scalpel vasectomy varies from less than 1 per cent in Haveri to 37 per cent in Mysore.

The contraceptive prevalence rate (any methods) in the state is 59 per cent, comprising of prevalence of about 58 per cent of modern methods and 2 per cent of traditional methods. Fifty-three per cent of the couples adopted sterilization. The per cent user of the two male methods sterilization and condom is less than 2 per cent. There has been negative association between contraceptive use and female education, and availability of health facility. Positive association between economic development and contraception. The highest contraceptive prevalence is in Mandya (74 per cent) followed by Shimoga (Hassan and Chikmagalur (71 per cent each) and lowest is in Raichur and Gulbarga (42 per cent each).

In Karnataka, a total of 15 per cent of women are found to have unmet need for family planning, with 8.5 per cent for limiting and 6.6 per cent for spacing. The total unmet need varies from 6 per cent in Davanagere to 25 per cent in Gulbarga followed by Dakshina Kannada and Bidar (20 per cent each).

Only 18 per cent of the women in the state reported that either ANM/LHV or health worker visited them at their residence at least once in the past three months. Seventy eight per cent of women who were visited by ANM felt that ANM had given them sufficient time to discuss health-related matters.

In nearly 14 districts, 10 to 20 per cent of the women reported the visit of ANM/LHV to their residence. In the 4 districts (Bangalore Urban, Chamarajnagar, Chitradurga and Dharwad) less than 10 per cent of the women reported visits of ANM/LHV and in the remaining districts

(Chickmagalur, Hassan, Kolar, Koppal, Mandya, Tumkur, Udupi and Uttara Kannada) more than 20 per cent of the women reported visit of ANM/LHV.

It was observed that in three month period prior to the survey, 37 per cent of the eligible women who were required to consult health facility visited any of the government health facilities. Very small proportion of women who visited the health facilities rated the facility as excellent. On the other hand, nearly 34 per cent of the women who did not visit the government health facilities reported that government health facilities were of poor quality.

The district level variation in the utilization of government health facilities ranged from 17 per cent in Dakshina Kannada and Udupi to 57 per cent in Hassan. Sixty-two per cent of women visited private health facilities. Which ranged from 40-44 per cent in Chickmagalur, Hassan, Mandya and Mysore. 70 per cent and more in Bagalkot, Bangalore Urban, Bidar, Dakshina Kannada, Gulbarga, and Udupi.

In Karnataka, 21 and 69 per cent of the women were aware of RTI/STI and HIV/AIDS respectively. The corresponding level of awareness among husbands of eligible women was 30 and 75 per cent. The percentage of women who were aware of RTI/STI and HIV/AIDS was lowest in Raichur 5 and 38 per cent respectively to highest in Kodagu 52 and 89 per cent. Similarly, awareness level of husbands of eligible women lowest in Raichur (10 per cent) to highest in Uttara Kannada (57 per cent) for RTI/STI and lowest in Chamarajanagar (52 per cent) to highest in Uttara Kannada (90 per cent) for HIV/AIDS. Out of 27 districts, the awareness of HIV/AIDS in 13 districts was below the state figure for husbands of eligible women.

About 19 per cent of the women and 3 per cent of husbands of eligible women in the state reported having at least one symptom of RTI/STI. In most of the districts, the reported prevalence of RTI/STI among husbands was low. The prevalence of RTI/STI was lowest in Chamarajnagar (3 per cent) for women and in Bellary, Chamarajnagar, Chitradurga, Mysore and Udupi (0 per cent each) for husbands to highest in Chitradurga (36 per cent) for women and in Haveri (29 per cent) for husbands. More than 7 per cent of the women reported vaginal discharge with low in Udupi (1 per cent) to highest in Koppal (16 per cent). Forty-six per cent of women sought treatment for vaginal discharge problem and 36 per cent of husbands sought treatment with at least one symptom of RTI/STI. It may be noted that in 8 out of 27 districts, between 70-100 per cent of husbands, compared to women, sought treatment for their reproductive health problems.

CHAPTER I

INTRODUCTION

1.1 Background and Objectives of the Survey

The Reproductive and Child Health (RCH) programme, launched by the Government of India (GoI) in 1996-97, was expected to achieve multiple objectives by providing quality services. It ushered a positive paradigm, i.e., a shift from the earlier method-oriented and target-based activities to providing client-centred and demand-driven quality services. Efforts were also made to reorient provider's attitude at grass-root levels and strengthen the outreach services.

The new approach required decentralized planning, monitoring and evaluation of the services. District being the nucleus of decentralised planning and implementation of the RCH programme, the Government of India was interested in generating district level data other than those based on service statistics on the utilization of services provided by the government health facilities. It was also important to assess people's perceptions on the quality of services. Keeping this in view, the District Level Household Survey (DLHS) was undertaken in the country under the RCH programme.

Round I of the RCH survey (known as the RHS-RCH) was conducted during the years 1998–99 in 504 districts in two phases. The Round II, specifically known as the DLHS-RCH, was conducted during the years 2002-04 in 593 districts as per the 2001 Census, also in two phases. Each phase covered half the districts of all the states/union territories. Round II used a slightly modified questionnaire for collection of information on RCH and incorporated some new dimensions into it. In particular, aspects such as testing cooking salt to assess the consumption of salt fortified with iodine, collection of blood sample from children, adolescents and pregnant women to assess the level of anaemia, and measurement of weight among children to assess the nutritional status were included in Round II.

The main focus of the DLHS-RCH was on:

- Coverage of ANC and immunization services
- Proportion of safe deliveries
- Contraceptive prevalence
- Unmet need for family planning
- Awareness about RTI/ STI and HIV/AIDS
- Utilization of government health services and users' satisfaction.

The states and the union territories were grouped into 16 regions for the purpose of conducting DLHS-RCH. A total of twelve research organizations including Population Research Centres (PRCs) were involved in conducting the survey in the 16 regions with International Institute for Population Sciences (IIPS), Mumbai as the nodal agency for conducting the survey.

1.2 Survey Design

A systematic multi-stage stratified sampling design was adopted in Round II of the DLHS-RCH. Forty Primary Sampling Units (PSUs – Villages/Urban Frame) were selected in each district with probability proportional to size (PPS) procedure using the 1991 Census data. All the villages within the district were stratified according to population size. In addition, female literacy was used for implicit arrangement within each stratum. The number of PSUs to be selected from the rural and urban areas was decided on the basis of percentage of urban population of the district. However, in the case of districts having low percentage of urban population, a minimum of 12 PSUs were selected from the urban areas. The target sample size for each district was set at 1,000 completed residential households from the 40 selected PSUs. In the second stage of the sampling procedure, from each PSU, 28 residential households were selected with Circular Systematic Random Sampling (CSRS) procedure after house listing. In order to account for non-response due to various reasons, the sample was inflated by 10 per cent (i.e., 100 households and total 1,100 households).

The National Sample Survey Organization (NSSO) provided the Urban Frame Size (UFS) blocks in the district for the selection of urban sample. The UFS blocks were made available separately for each district. The maps of the selected blocks were obtained from the NSSO field offices of the states/union-territories.

In two districts of every state, the PSUs that were surveyed in Round I (RHS-RCH) were selected for the survey in Round II (DLHS-RCH). This was done in order to measure the changes more accurately. One district with highest proportion of safe deliveries and another with lowest proportion of safe deliveries among those surveyed during the Round I of the survey were selected for this purpose. In other districts, new sample of PSUs were selected.

1.3 House Listing and Sample Selection

The house listing operation was carried out in the selected PSUs (or PSU segments) prior to data collection, which provided the necessary frame for selecting households. The house listing operation involved preparation of location map, layout sketch map of all the structures in the selected PSUs and recording the details of the households in the structures. Under the overall guidance and monitoring by the coordinators of the regional agencies conducting the survey independent house listing teams carried out this exercise. Each team consisted of one lister, one mapper and a supervisor.

A complete listing of households was carried out in villages having 300 households. For villages having more than 300 households but below 600 households, two segments with somewhat equal number of households were formed and one segment was selected at random from this for listing the households. In the case of villages having more than 600 households, segments consisting of about 150 households each were formed and two segments were selected from this for household listing using the systematic random sampling method.

Small villages having less than 50 households were linked with the nearest village. After combining it with the nearest village, the same sampling procedure was adopted as mentioned

above. The urban PSUs didn't require segmentation since the UFS blocks were of almost equal size and contained less than 300 households.

Households were not replaced if the selected households were absent during data collection. However, if a PSU was inaccessible, it was replaced by a PSU with similar characteristics. The PSU to be replaced was selected by the IIPS and provided to the regional agency for the survey.

1.4 Questionnaire

The DLHS-RCH collected information on various indicators of RCH which were important for policymakers and programme managers in formulating and implementing the set goals of RCH programmes. The IIPS, in consultation with the Ministry of Health and Family Welfare (MoHFW) and World Bank, made necessary modifications in the two Questionnaires i.e., Household and Women's Questionnaires and added three more Questionnaires i.e., Husband's, Village and Health in the DLHS-RCH. These Questionnaires were discussed and finalized in the training programme-cum-workshop organized at IIPS during the first week of November 2001.

These modified questionnaires were canvassed in Round II of the survey (DLHS–RCH) taking into consideration the views of all the regional agencies. The house listing teams, the interviewers and the supervisors for the main survey were given rigorous training based on the manuals developed for the purpose by the IIPS.

All questionnaires were bilingual, i.e., both in regional and English languages.

The questionnaires briefly included the following information:

Household Questionnaire: The household questionnaire listed all the usual residents in the sample household including visitors who stayed in the household the night before the interview. For all the listed members in the household, the survey collected basic information such as age, sex, and marital status, relationship to the head of the household, education and prevalence /incidence of tuberculosis, blindness and malaria. Information was also collected on the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion and caste of the head of household and ownership of durable goods in the household. In addition, a test was conducted to assess whether the household used cooking salt fortified with iodine. Besides, details of marriages and deaths which occurred to usual residents within reference period were collected. Efforts were also made to get information about maternal deaths which occurred in the household.

Women's Questionnaire: Women's questionnaire was designed to collect information from currently married women of age 15–44 years, who were usual residents of the sample household or visitors who stayed in the sample household the night before the interview. It contained the following specific sections:

Section I: Background Characteristics: Information on age, educational status and birth and death history of biological children including still-birth, induced and spontaneous abortions of respondents was collected in this section.

Section II: Antenatal, Natal and Post natal Care: This section collected information only from women who had live-birth, still-birth, spontaneous or induced abortion during the last three years preceding the survey date. The information included whether women received antenatal and postpartum care, delivery attended by whom and nature of complications during pregnancy for recent births.

Section III: Immunization and childcare: Information about feeding practices, the length of breast-feeding, immunization coverage and recent occurrence of diarrhoea, and pneumonia among young children (below age 3 years) was collected in this section.

Section IV: Contraception: This section collected information on knowledge and use of specific family planning methods. Specifically, the questions included reasons for non-use and intentions of using family method in future, desire for additional child, sex preference of the next child etc.

Section V: Assessment of the quality of Government health services and client satisfaction. This section focussed on the assessment of quality of family planning and health services provided by the Government health facilities. Information on respondents' views on the ratings of Government health facilities and about staff, and reasons for not visiting government health facilities were also collected in this section.

Section VI: Awareness about RTI/STI and HIV/AIDS: This section collected information from women on RTI/STI and HIV/AIDs. The questions canvassed knowledge, source of knowledge, awareness of mode of transmission, curability, symptoms and treatment seeking behaviour of RTI/STI. Similarly, questions about knowledge, source of knowledge, awareness of mode of transmission and prevention of HIV/AIDs etc were canvassed.

Husband's Questionnaire: The husband's questionnaire collected information from the husbands of eligible women about their age, educational status, knowledge and source of knowledge of RTI/STI and HIV/AIDS, reported symptoms of RTI/STI and male participation. Apart from this, information on desire for children, reasons for not using FP method, intention to use FP methods in future and knowledge about no-scalpel vasectomy (NSV) were also collected.

Health Questionnaire: The health questionnaire collected information on the weight of children age 0–71 months and the blood samples of pregnant women, adolescents girls age 10–19 years and children of age 0–71 months to assess their haemoglobin levels. This information was useful for assessing the nutrition levels prevailing in the population and prevalence of anaemia among women, adolescent girls and children.

Village Questionnaire: The village questionnaire collected information on the availability and accessibility of various facilities in the village, especially, on the accessibility of educational and health facilities.

1.5 Fieldwork and Sample Coverage

As mentioned earlier, fieldwork for Round II of DLHS-RCH was conducted in two phases. During Phase I, 14 districts were covered from June 2002 to October 2002 and the remaining 13 districts were covered during Phase II from May 2004 to September 2004.

A total of 28,167 households were covered in Round II of the survey. From 28,167 households, 22,656 currently married women (aged 15-44 years) and 13,903 husbands of eligible women were interviewed.

1.6 Data Processing

All the five types of completed questionnaires after the fieldwork in Karnataka state were brought to the headquarters of the regional agency i.e., PRC, Bangalore and the data were processed using microcomputers. The data processing consisted of office editing of the completed questionnaires, data entry, data cleaning and tabulation. Data cleaning procedure included validation, range and consistency checks. The IIPS developed the software package for both data entry and tabulation. The district as well as state level reports for Karnataka were prepared by the PRC, Bangalore, while the country report was prepared by the IIPS.

1.7 Sample Weights

Sample weights for households, women, husbands and children were used in generating state level demographic indicators. These weights for a particular district were based on three sections, i.e., probabilities of f_1^i, f_2^i and f_3^i pertaining to i th PSU of the district. The probabilities were defined as follows:

f_1^i = Probability of selection of ith PSU in a district

$$= \frac{(n_r * H_i)}{H}$$

Where, n_r is the number of rural PSU to be selected in a district, H_i refers to the number of households in the ith PSU of a district and $H = \sum H_i$ i.e., total number of households in a district.

f_2^i = Probability of selecting segment (s) from segmented PSU (in case the ith selected PSU is segmented)

= (Number of segments selected after segmentation of a PSU) / (Number of segments created in a PSU)

The value of f_2^i is equal to 1 for un-segmented PSU.

f_3^i = Probability of selecting a household from the total listed households in a PSU or in segment(s) of a PSU

$$= \frac{28*HR_i}{HL_i}$$

Where HR_i is the household response rate of the i^{th} sampled PSU and HL_i is the number of households listed in the i^{th} PSU of a district.

For urban PSUs, f_1^i is computed either as the ratio of number of urban PSUs included from a district to the total number of UFS blocks of the district or as the ratio of the total urban population of the selected PSUs to the total urban population of the district.

The probability of selecting a household from a district is worked out as;

$$f^i = \left(f_1^i * f_2^i * f_3^i\right)$$

The non-normalized household weight for the i^{th} PSU of a district is:

$$w^i = \frac{1}{f^i}.$$

Te normalized weight used in the generation of district indicators is:

$$n_i^d = \frac{\sum_i n_i}{\sum_i n_i * w^i} * w^i, \text{ i= 1,2,3.....40.}$$

where n_i is the number of households interviewed in the i^{th} PSU. Similarly, the weight for women and husbands are computed after multiplication of expression of f^i by considering the corresponding response rates. State weights for households, women and husbands are further derived from the district weights i.e., n_i^d for the i^{th} psu in d^{th} district using external control so that sample results do not deviate from the corresponding information about the population.

Let, $n_s = \sum_i n_i^d$ and $N_I = \sum_i N_i^d$ denote number of households in the sample and census of the state, then the state level household weights are:

$$n_i^s = n_i^d * \frac{\left(n_i^d / n_s\right)}{\left(N_i^d / N_{sc}\right)}$$, where n_i^d household sample in i^{th} district, n_s is the total sample in the state, N_i^d is the census population in i^{th} district and N_{sc} is the census population in the state. These household weights are controlled for rural and urban areas separately.

The state level women and husband weights are obtained for the estimation of state level indicators by considering the sample and proportion of currently married women of age 15-44 years and married males of age above 15 years in the districts and by rural-urban residence.

1.8 Sample Implementation

Table 1.1 shows the period of fieldwork, number of households interviewed and household response rates in Karnataka. A total of 28,167 households were interviewed of which about two-thirds were rural. The overall household response rate in the state, i.e., the number of households interviewed per 100 households was 99 per cent. The household response rate in every district was above 97 per cent.

Table 1.1: NUMBER OF HOUSEHOLDS INTERVIEWED

Month and year of fieldwork and number of households interviewed by district, Karnataka, 2002-04

State/District	Month and year of fieldwork		Number of households interviewed			Response rate
	From	To	Total	Rural	Urban	
State	-	-	28,167	18,733	9,434	99.3
State-phase I	06/2002	10/2002	-	-	-	-
State-phase II	05/2004	09/2004	-	-	-	-
Bangalore Urban	09/2002	10/2002	932	140	792	97.9
Bangalore Rural	09/2002	09/2002	1,050	744	306	99.8
Belgaum	06/2002	07/2002	1,036	725	311	99.2
Bidar	07/2002	08/2002	1,058	741	317	99.2
Chikmagalur	06/2002	06/2002	999	695	304	97.7
Gulbarga	08/2002	09/2002	1,045	793	252	99.6
Hassan	07/2002	08/2002	1,038	727	311	99.2
Kodagu	06/2002	07/2002	1,012	715	297	98.9
Kolar	08/2002	08/2002	1,068	752	316	99.8
Koppal	07/2002	08/2002	1,069	752	317	99.4
Mandya	07/2002	07/2002	1,065	748	317	99.7
Raichur	08/2002	09/2002	1,066	757	309	99.6
Tumkur	06/2002	07/2002	1,034	723	311	99.4
Uttara Kannada	06/2002	06/2002	1,000	700	300	97.5
Bagalkot	05/2004	05/2004	981	689	292	99.1
Bellary	06/2004	06/2004	1,074	698	376	99.5
Bijapur	05/2004	05/2004	922	642	280	99.0
Chamarajanagar	07/2004	09/2004	1,067	742	325	99.8
Chitradurga	07/2004	07/2004	1,093	771	322	99.5
Dakshina Kannada	09/2004	09/2004	1,061	670	391	98.5
Davanagere	06/2004	08/2004	1,044	734	310	99.1
Dharwad	06/2004	08/2004	1,078	491	587	99.7
Gadag	06/2004	06/2004	1,045	675	370	99.1
Haveri	06/2004	08/2004	1,075	751	324	100.0
Mysore	07/2004	09/2004	1,085	691	394	99.6
Shimoga	08/2004	09/2004	1,093	714	379	100.0
Udupi	09/2004	09/2004	1,077	753	324	99.4

Note: Table is based on unweighted cases.

From the interviewed households, 22,656 currently married women and 13,903 husbands of eligible women who were usual residents or stayed in the household night before the household interview were interviewed (Table 1.2). The number of interviews completed per 100 identified eligible women and husbands from the households interviewed were 86 and 58 per cent in the state as a whole, respectively. In terms of variation in the women response rates by districts, it was highest in Dakshina Kannada with 95 per cent and lowest in Bijapur with 74 per cent. For husbands, the response rate was highest in Kolar district at 76 per cent and lowest in Chitradurga district at 42 per cent.

Table 1.2: NUMBER OF WOMEN AND HUSBANDS INTERVIEWED

Number of women and husbands interviewed by district, Karnataka, 2002-04

State/District	Number of women interviewed			Response rate	Number of husbands interviewed			Response rate
	Total	Rural	Urban		Total	Rural	Urban	
State	22,656	15,327	7,329	85.6	13,903	9,548	4,355	58.0
Bangalore Urban	632	104	528	79.0	429	66	363	56.0
Bangalore Rural	761	523	238	84.2	632	439	193	74.6
Belgaum	892	641	251	84.0	595	412	183	63.9
Bidar	917	633	284	85.1	679	466	213	73.3
Chikmagalur	718	514	204	80.0	409	309	100	49.6
Gulbarga	848	645	203	84.8	663	500	163	75.2
Hassan	783	553	230	83.8	606	426	180	72.5
Kodagu	736	511	225	88.9	558	410	148	71.8
Kolar	876	615	261	86.9	711	515	196	76.3
Koppal	965	688	277	88.4	656	460	196	68.2
Mandya	844	588	256	81.2	681	483	198	70.8
Raichur	872	633	239	89.7	634	462	172	71.7
Tumkur	758	511	247	79.5	493	348	145	57.9
Uttara Kannada	790	574	216	86.0	511	380	131	62.5
Bagalkot	897	644	253	75.7	466	347	119	44.4
Bellary	985	663	322	85.5	456	316	140	44.5
Bijapur	745	508	237	73.8	393	282	111	44.8
Chamarajanagar	826	569	257	94.3	429	303	126	52.7
Chitradurga	908	641	267	85.4	419	299	120	42.1
Dakshina Kannada	787	493	294	95.3	355	231	124	45.9
Davanagere	1,012	721	291	86.6	445	324	121	42.4
Dharwad	877	420	457	86.7	475	237	238	51.4
Gadag	888	585	303	86.5	479	326	153	53.1
Haveri	849	593	256	85.8	460	320	140	50.3
Mysore	958	673	285	93.4	447	308	139	47.8
Shimoga	879	598	281	94.2	472	323	149	54.1
Udupi	653	486	167	90.2	350	256	94	54.8

Note: * Based on unweighted cases.

1.9 Basic Demographic Profile of the State

Before presenting the survey results, it is important to provide the basic demographic features of Karnataka state and its districts (as per 2001 census). The state of Karnataka located in the southern part of India with 52 million population in 2001 was the 9th and 8th largest state in terms of population size and geographical areas in the country, respectively. The state is bounded by Maharashtra and Goa states in the north and northwest; by the Arabian Sea in the west, Kerala and Tamil Nadu states in the South and the state of Andhra Pradesh in the east. The state extends to about 750 km from north to south and about 400 km from east to west, and covers an area of about 1, 91,791 sq.kms.

Karnataka is characterized by eastern and western *ghats* which are the sources of many east and west flowing rivers. The important rivers that originate from these mountains are Krishna, Kaveri and their tributaries. The average annual rainfall for the state is about 1,139 mm, with nearly 70 per cent occurring during monsoon between June and September. Karnataka has 27 districts grouped into four geographic regions as Northern *Maidan*, Central *Maidan*, Southern

Maidan and Coastal and *Malnad* districts. The state consists of 175 sub-districts (blocks or *talukas*) and 29,406 villages in 2001. The urban areas of the state is comprised of 270 towns. Bangalore with a population of over 4 million is the capital of the state which is one of the fastest growing cities not only in India, but, also in the world in recent times.

The population of Karnataka was 52.8 million as per the census in 2001, out of which 26.9 million were males and 25.9 million were females. The rural and urban break-up of the population shows that 66 per cent of the population was enumerated in rural areas and 34 per cent in urban areas. Keeping pace with the national average, Karnataka recorded a sharp decline in the decadal growth rate of its population from 21.1 per cent in 1981-91 to 17.5 percent during 1991-2001. By districts, Bangalore with a population growth rate of 34.8 per cent and Udupi with a population growth rate of 6.9 per cent during 1991-2001 had the highest and lowest decadal population growth rates for the state.

The composition of schedule castes and scheduled tribes in the population of the state was 16.2 percent and 6.6 percent in 2001, respectively. It may be noted that the state showed a subtle decrease in the composition of scheduled castes, but, scheduled tribes, on the other hand, recorded a significant increase in their population in 2001. While Kolar district had the highest proportion of scheduled caste population (27 per cent), Raichur recorded the highest proportion of scheduled tribe population (18.1 per cent) for the state. And, Udupi had the lowest proportions of both scheduled caste (6 percent) and scheduled tribe population (1 per cent). With a population density of 275 per sq. km., Karnataka ranked 20th among the states and union territories in India and this was much lower (i.e., 15 per cent) than the population density of 325 persons per square km for the country as a whole. Expectedly, Bangalore district had the highest population density (2,979 persons per sq. km.). Kodagau and Uttara Kannada districts had the lowest population densities (133 and 133 persons per sq. km) in the state.

The sex ratio, i.e., number of females per 1,000 males in Karnataka improved from 960 in 1991 to 965 in 2001. Udupi recorded the highest sex ratio (1,127) and, not surprisingly, Bangalore Urban district had the lowest sex ratio (906) in the state.

The literacy rate in the state improved from 56 per cent in 1991 to 67 per cent in 2001 and it was higher than the national average of 64.8 per cent. The literacy rate in urban areas (81.1 per cent) was significantly higher than in rural areas (59.7 percent) of the state. Bangalore had the highest literacy rate of around 84 percent among the districts of the state. And, Raichur district had the lowest literacy rate of about 50 percent. The male literacy rate for the state was 76 percent and the female literacy rate was about 57 percent. Both the rates increased in 2001 from 1991.

Table 1.3: BASIC DEMOGRAPHIC INDICATORS

Basic demographic indicator of India, state and districts, Census 2001

India/state/district	Population (in thousand)	Percentage urban	Percentage decadal growth rate[1]	Sex ratio[2]	Percentage literate 7+		
					Male	Female	Persons
India	1,028,737	28.0	21.5	933	75.8	53.7	64.8
State	52,851	34.0	17.5	965	76.1	56.9	66.6
Bagalkot	1,652	29.0	18.8	977	71.3	44.1	57.8
Bangalore Urban	6,523	88.1	34.8	906	88.4	79.0	83.9
Bangalore Rural	1,877	21.7	12.2	953	74.4	55.1	65.0
Belgaum	4,207	24.1	17.4	959	75.9	52.5	64.4
Bellary	2,025	34.9	22.3	969	69.6	46.2	58.0
Bidar	1,501	22.9	19.6	948	73.3	50.0	62.0
Bijapur	1,808	21.9	17.6	948	68.1	46.2	57.5
Chamarajanagar	964	15.4	9.2	968	59.3	43.0	51.3
Chikmagalur	1,139	19.5	12.0	984	80.7	64.5	72.6
Chitradurga	1,510	18.2	15.1	955	74.7	54.6	64.9
Dakshina Kannada	1,896	38.4	14.5	1,023	89.7	77.4	83.5
Davanagere	1,789	30.4	14.8	951	76.4	58.5	67.7
Dharwad	1,603	55.0	16.6	948	81.0	62.2	71.9
Gadag	972	35.2	13.1	968	79.6	52.6	66.3
Gulbarga	3,125	27.1	21.0	964	62.5	38.4	50.6
Hassan	1,721	17.7	9.7	1,005	78.3	59.3	68.8
Haveri	1,438	20.8	13.3	942	77.9	57.6	68.1
Kodagu	545	13.8	11.6	996	83.8	72.5	78.2
Kolar	2,523	24.8	13.8	970	73.1	52.8	63.1
Koppal	1,193	16.6	24.6	982	69.2	40.8	55.0
Mandya	1,762	16.0	7.1	985	70.7	51.6	61.2
Mysore	2,625	36.9	15.0	965	71.3	55.8	63.7
Raichur	1,648	25.4	21.9	980	62.0	36.8	49.5
Shimoga	1,639	34.8	12.9	977	82.3	67.2	74.9
Tumkur	2,579	19.6	11.9	966	76.9	57.2	67.2
Udupi	1,109	18.6	6.9	1,127	86.6	74.0	79.9
Uttara Kannada	1,353	28.7	10.9	970	84.5	68.5	76.6

Source: Primary Census Abstract, Series 20, Census of India, 2001. [1] 1991-2001, [2] Females per 1,000 males.

CHAPTER II

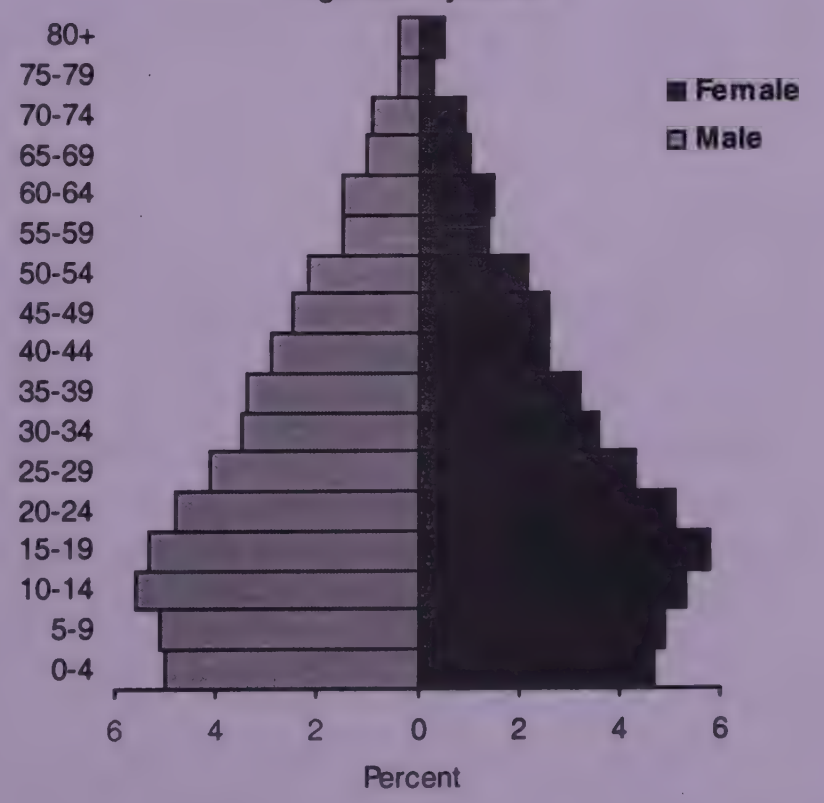
BACKGROUND CHARACTERISTICS OF HOUSEHOLDS

This chapter provides a socio-economic and demographic profile of the interviewed households in the survey. Also, the data on facilities and services such as Health, Education and Communication available in the sampled village have also been presented. The *de facto* enumeration of persons has been adopted in order to include every urban area. The objective of adopting the *de facto* method was to avoid duplication of persons who were in transit.

2.1 Age –Sex Structure

The age-sex distribution of household population classified by residence has been presented in Table 2.1. The per cent distribution is based on *de facto* population of 1,42,922 persons of whom 67 per cent lived in the rural areas of the state. The state of Karnataka portrayed young and growing population with about 31 per cent below the age of 15 years (Figure 2.1). The composition of children below 15 years in the state is slightly higher in rural areas (around 32 per cent) in comparison to those in urban areas (28 per cent). The overall sex ratio was 101 males per 100 females and it is similar in rural and urban areas.

Figure 2.1
Age-Sex Pyramid



Karnataka, DLHS-RCH, 2002-04

Table 2.1: HOUSEHOLD POPULATION BY AGE AND SEX

Percentage distribution of the household population by age and by residence and sex, Karnataka, 2002-04

Age	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Below 1	1.9	1.9	1.8	1.9	2.0	1.9	1.7	1.8	1.7
1 to 4	7.8	8.0	7.7	8.1	8.2	8.0	7.4	7.8	7.0
5 to 9	10.0	10.2	9.8	10.3	10.6	10.0	9.3	9.3	9.3
10-14	10.9	11.2	10.6	11.3	11.8	10.9	10.0	10.0	10.1
15-19	11.1	10.7	11.6	11.2	10.7	11.7	11.1	10.7	11.5
20-24	9.9	9.5	10.2	9.6	9.3	9.8	10.5	10.1	10.9
25-29	8.4	8.2	8.6	8.0	7.9	8.2	9.3	8.9	9.6
30-34	7.0	6.9	7.1	6.6	6.4	6.8	7.9	8.0	7.9
35-39	6.6	6.8	6.5	6.5	6.7	6.4	6.9	7.0	6.8
40-44	5.5	5.9	5.2	5.3	5.6	5.1	5.9	6.3	5.4
45-49	5.1	5.1	5.1	5.1	5.0	5.2	5.1	5.1	5.1
50-54	4.4	4.4	4.4	4.4	4.4	4.5	4.4	4.5	4.4
55-59	2.9	3.0	2.7	2.8	2.9	2.7	3.0	3.1	2.9
60-64	3.1	3.0	3.1	3.3	3.2	3.4	2.6	2.8	2.5
65-69	2.0	1.9	2.0	2.1	2.1	2.1	1.8	1.7	1.8
70-74	1.7	1.7	1.8	1.9	1.9	1.8	1.5	1.4	1.7
75-79	0.7	0.8	0.7	0.7	0.7	0.7	0.7	0.8	0.6
80+	0.9	0.8	0.9	0.9	0.9	0.9	0.8	0.6	0.9
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of persons	1,42,922	71,703	71,220	96,394	48,363	48,031	46,528	23,339	23,189
Sex ratio[1]	101	NA	NA	101	NA	NA	101	NA	NA

Note: Table is based on *de facto* population, i.e., persons who stayed in the household the night before the interview (including both usual resident and visitors). NA: Not applicable. [1] Male per 100 females.

2.2 Household Characteristics

The percentage distribution of households by selected characteristics of the head of the household and the number of usual household members i.e., based on *de jure* population for the state have been given in Table 2.2. More than 85 per cent of the household heads were males irrespective of the place of residence while only 14 of the household heads were females. A little more than 70 per cent of the household heads belonged to 30-59 years age group. The median age of household heads was around 47 years for the state as a whole, which were 47 and 46 years in rural and urban areas, respectively. About 7 per cent among the household heads in the state were younger than 30 years and 22 per cent were 60 years or older. A majority of the household heads belonged to Hindu (85 per cent), 12 per cent to Muslim and 3 per cent to other religions. Hindus constituted a higher proportion of rural population (91 per cent) than urban population (74 per cent). While only about 8 per cent of the households in rural areas were Muslim, 21 per cent of the households in urban areas belonged to Muslim.

Table 2.2: HOUSEHOLD CHARACTERISTICS

Percentage distribution of the household head by selected characteristics of the household head and household size, according to residence, Karnataka, 2002-04

Characteristic	Total	Residence	
		Rural	Urban
Sex of the household head			
Male	86.2	85.8	87.1
Female	13.8	14.2	12.9
Age of the household head			
< 30	6.9	6.9	6.8
30-44	37.0	35.8	39.5
45-59	34.0	33.9	34.2
60+	22.1	23.5	19.5
Median age of the household head	46.8	47.3	46.1
Religion of the household head			
Hindu	85.0	90.8	73.5
Muslim	11.9	7.6	20.5
Christian	2.2	1.1	4.4
Sikh	0.0	0.0	0.1
Buddhist	0.0	0.0	0.0
Jain	0.8	0.4	1.5
Zoroastrian	0.0	0.0	0.0
No Religion	0.0	0.0	0.0
Other	0.0	0.1	0.0
Missing	0.0	0.0	0.0
Caste/tribe of the household head			
Scheduled caste	18.0	20.3	13.5
Scheduled tribe	7.7	9.2	4.7
Other backward class	48.4	51.1	43.2
Other #	25.2	19.0	37.5
Don't know	0.7	0.4	1.2
Missing	0.0	0.0	0.0
Number of usual members			
1	2.9	3.1	2.3
2	7.6	7.2	8.3
3	12.4	11.2	14.8
4	22.1	21.2	23.8
5	19.7	19.8	19.6
6	13.7	14.3	12.5
7	7.8	8.4	6.7
8	4.7	4.9	4.1
9+	9.1	9.7	7.9
Mean household size	5.0	5.1	4.8
Total percentage	100.0	100.0	100.0
Number of households	28,167	18,733	9,434

Note: The table is based on the *de jure* population.

Higher caste (Not belonging to a scheduled caste, a scheduled tribe and any other backward class).

Eighteen per cent of the households in Karnataka belonged to scheduled castes, about 8 per cent to scheduled tribes and 48 per cent to other backward classes while 25 per cent of the households belonged to other castes. Over one-fourth of the households belonged to scheduled castes or tribes in rural areas, which was a little less than one-fifth of the households in urban

areas. The overall average household size of the state was 5 persons. The average household size in rural and urban areas were 5.1 and 4.8, respectively.

2.3 Educational Level

The educational background of household members has been presented in Table 2.3 based on *de facto* household population. The levels of literacy and years of schooling according to age, sex and residence have been given in the Table. The data indicate that about 34 per cent of the population aged seven and above was illiterate. The proportion of illiterates was 42 per cent for females as compared to 25 per cent for males. The proportion of illiterates was much higher among the older cohorts than among the younger ones. This trend was true irrespective of males and females, the levels of literacy being higher in the younger age groups than in the older age groups including the youngest age group of 7-9 years (Figure 2.2).

Table 2.3: EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percentage distribution of household population age 7 and above by literacy level and years of schooling, according to age, residence and sex, Karnataka, 2002-04

Age	Year of schooling							Total Per cent	Number of persons
	Illiterate	Literate but no schooling	1-5	6-8	9-10	11 or more	Missing		
					TOTAL				
					Male				
7-9	9.2	0.5	85.8	0.6	0.0	0.0	4.0	100.0	4,257
10-14	9.5	0.1	40.6	45.0	4.5	0.0	0.4	100.0	8,016
15-19	13.2	0.2	8.4	20.1	37.5	20.6	0.0	100.0	7,644
20-29	18.7	0.2	9.6	14.4	26.4	30.8	0.0	100.0	12,742
30-39	29.8	0.3	12.2	13.1	19.9	24.8	0.0	100.0	9,824
40-49	35.6	0.2	15.6	13.4	17.8	17.3	0.0	100.0	7,825
50+	44.3	0.4	18.1	13.2	12.5	11.5	0.0	100.0	11,218
Total	24.7	0.2	21.5	17.6	18.4	17.2	0.3	100.0	61,526
					Female				
7-9	10.5	0.1	83.7	0.5	0.0	0.0	5.2	100.0	4,180
10-14	13.1	0.1	36.2	44.8	5.5	0.0	0.3	100.0	7,584
15-19	21.7	0.2	8.9	19.8	32.5	17.0	0.0	100.0	8,276
20-29	36.1	0.2	9.7	14.3	20.8	19.0	0.0	100.0	13,398
30-39	52.8	0.3	11.0	12.4	12.5	11.0	0.0	100.0	9,719
40-49	59.9	0.3	11.9	10.6	11.0	6.1	0.0	100.0	7,350
50+	76.6	0.4	9.6	6.6	4.2	2.6	0.0	100.0	11,147
Total	42.4	0.2	18.3	15.7	13.6	9.3	0.4	100.0	61,653
					Total				
7-9	9.9	0.3	84.8	0.5	0.0	0.0	4.6	100.0	8,436
10-14	11.3	0.1	38.4	44.9	5.0	0.0	0.3	100.0	15,600
15-19	17.6	0.2	8.6	20.0	34.9	18.7	0.0	100.0	15,920
20-29	27.6	0.2	9.6	14.4	23.5	24.7	0.0	100.0	26,140
30-39	41.2	0.3	11.6	12.7	16.2	17.9	0.0	100.0	19,543
40-49	47.4	0.2	13.8	12.1	14.5	11.9	0.0	100.0	15,175
50+	60.4	0.4	13.9	9.9	8.4	7.1	0.0	100.0	22,365
Total	33.6	0.2	19.9	16.6	16.0	13.3	0.4	100.0	1,23,179

Note: The table is based on *de jure* population

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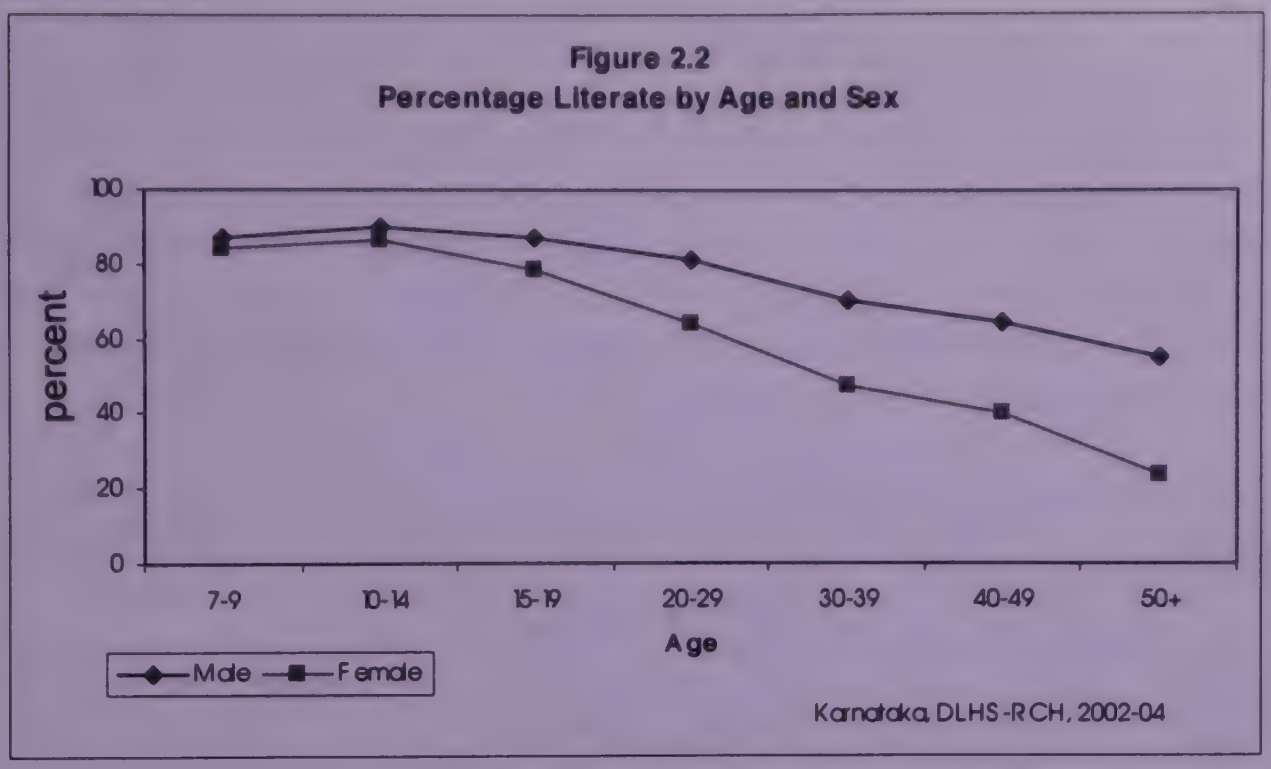

Table 2.3: EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percentage distribution of household population age 7 and above by literacy level and years of schooling, according to age , residence and sex, Karnataka, 2002-04

Age	Non-literate	Literate but no schooling	Years of schooling: 1-5	6-8	9-10	11 or more	Missing	Total Percentage	Number of persons
				RURAL					
				Male					
7-9	10.7	0.5	84.4	0.4	0.0	0.0	4.0	100.0	3,012
10-14	10.9	0.1	41.0	44.0	3.6	0.0	0.4	100.0	5,688
15-19	15.5	0.2	9.6	21.7	35.6	17.4	0.0	100.0	5,154
20-29	23.2	0.1	11.2	15.2	24.9	25.4	0.0	100.0	8,306
30-39	38.9	0.2	14.5	12.9	17.1	16.4	0.0	100.0	6,307
40-49	45.3	0.2	17.9	13.8	14.2	8.6	0.0	100.0	5,148
50+	53.2	0.5	20.6	13.0	8.1	4.6	0.0	100.0	7,734
Total	30.4	0.2	23.5	18.0	15.8	11.7	0.4	100.0	41,349
				Female					
7-9	12.8	0.1	81.0	0.3	0.0	0.0	5.8	100.0	2,875
10-14	17.0	0.1	37.3	41.1	4.3	0.0	0.1	100.0	5,237
15-19	28.4	0.2	10.4	20.9	29.5	10.6	0.0	100.0	5,618
20-29	47.3	0.2	11.0	14.5	17.2	9.7	0.0	100.0	8,651
30-39	66.2	0.3	12.0	10.0	8.1	3.4	0.0	100.0	6,328
40-49	72.1	0.2	12.0	9.0	5.2	1.5	0.0	100.0	4,916
50+	86.3	0.4	8.0	3.8	1.0	0.4	0.0	100.0	7,706
Total	51.6	0.3	18.8	14.4	10.2	4.3	0.4	100.0	41,331
				Total					
7-9	11.7	0.3	82.7	0.4	0.0	0.0	4.9	100.0	5,887
10-14	13.8	0.1	39.2	42.6	3.9	0.0	0.3	100.0	10,925
15-19	22.2	0.2	10.0	21.3	32.5	13.8	0.0	100.0	10,772
20-29	35.5	0.2	11.1	14.8	21.0	17.4	0.0	100.0	16,957
30-39	52.6	0.3	13.2	11.5	12.6	9.9	0.0	100.0	12,635
40-49	58.4	0.2	15.0	11.5	9.8	5.1	0.0	100.0	10,064
50+	69.7	0.5	14.3	8.4	4.6	2.5	0.0	100.0	15,440
Total	41.0	0.3	21.2	16.2	13.0	8.0	0.4	100.0	82,680

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Around 86 per cent of males and 83 per cent of the females in the age group 7-9 years had 1-5 years of schooling. Overall, about 22 per cent of the males had schooling of 1-5 years. Females were also not far behind in comparison to their male counterparts with a corresponding figure of 18 per cent among them. Comparatively, a lower proportion of females were having 9-10 years (13.6 per cent), and 11 or more years of schooling (9 per cent) than males with corresponding figures of 18 per cent and 17 per cent, respectively. A meagre less than 1 per cent of the surveyed population as well as less than 1 per cent of both males and females were literate without any formal schooling.

Table 2.3: EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percentage distribution of household population age 7 and above by literacy levels and years of schooling, according to age , residence and sex, Karnataka, 2002-04

Age	Non-literate	Literate but no schooling	Years of schooling				Missing	Total Per cent	Number of persons
			1-5	6-8	9-10	11 or more			
				URBAN					
				Male					
7-9	5.6	0.4	89.3	0.8	0.0	0.0	3.9	100.0	1,244
10-14	6.1	0.1	39.6	47.4	6.6	0.0	0.3	100.0	2,328
15-19	8.4	0.2	5.8	16.8	41.5	27.2	0.0	100.0	2,490
20-29	10.1	0.2	6.5	13.1	29.2	40.8	0.0	100.0	4,436
30-39	13.5	0.4	8.1	13.3	24.8	40.0	0.0	100.0	3,518
40-49	17.1	0.1	11.2	12.6	24.8	34.2	0.0	100.0	2,677
50+	24.7	0.2	12.6	13.4	22.2	26.8	0.0	100.0	3,484
Total	13.2	0.2	17.3	16.8	23.8	28.5	0.3	100.0	20,177
				Female					
7-9	5.6	0.2	89.6	0.9	0.0	0.0	3.6	100.0	1,304
10-14	4.6	0.1	33.6	53.0	8.1	0.0	0.6	100.0	2,347
15-19	7.6	0.2	5.5	17.4	38.6	30.5	0.0	100.0	2,658
20-29	15.6	0.0	7.2	14.0	27.3	35.9	0.0	100.0	4,747
30-39	28.0	0.3	9.2	16.8	20.7	25.1	0.0	100.0	3,391
40-49	35.4	0.5	11.8	14.0	22.7	15.5	0.0	100.0	2,434
50+	54.7	0.3	13.4	12.7	11.2	7.6	0.0	100.0	3,441
Total	23.7	0.2	17.3	18.4	20.4	19.7	0.3	100.0	20,322
				Total					
7-9	5.6	0.3	89.5	0.9	0.0	0.0	3.7	100.0	2,549
10-14	5.3	0.1	36.6	50.2	7.3	0.0	0.4	100.0	4,675
15-19	8.0	0.2	5.7	17.1	40.0	28.9	0.0	100.0	5,148
20-29	13.0	0.1	6.9	13.6	28.2	38.3	0.0	100.0	9,183
30-39	20.6	0.3	8.6	15.0	22.8	32.7	0.0	100.0	6,908
40-49	25.8	0.3	11.5	13.3	23.8	25.3	0.0	100.0	5,111
50+	39.6	0.2	13.0	13.1	16.8	17.3	0.0	100.0	6,925
Total	18.5	0.2	17.3	17.6	22.1	24.1	0.3	100.0	40,499

An examination of literacy levels by place of residence has revealed differences in the urban-rural divide in the educational attainment. In urban areas, while only about 19 per cent of the population was illiterate in comparison to 41 per cent in the rural areas. The proportion of illiterate females living in rural areas of Karnataka was as high as 52 per cent as against 30 per cent illiterates among rural males. The proportions of illiterates in urban areas were 24 per cent and 13 per cent for females and males, respectively. A contrasting feature of rural-urban difference in educational levels is that in rural areas., while the proportion of those who had 1-5

years schooling, (21 per cent) was higher than 11 or more years of schooling (8 per cent), in urban areas a higher proportion had 11 or more years of schooling (24 per cent) than 1-5 year schooling (17 per cent).

2.4 Marital Status of the Household Population

The DLHS collected information on the marital status of all household members who were aged 10 years and above. Table 2.4 has provided the percentage marital status distribution of *de facto* population by age and sex. Thirty per cent of the females in the age group 15-19 years, followed by 71 per cent in the age group of 20-24 years and, 87 per cent in the age groups of 25-29 years and 30-44 years were currently married. The proportion of never married as a whole was about 35 per cent in the state, and it was higher for males (42 per cent) than for females (27 per cent). The proportion of never married among males declined with increasing age and was negligible in the age group 45-59 years and above. A similar pattern was observed in the case of females, as only a negligible proportion of them were never married in the age group 30-34 years and above. The proportion of divorced, separated and widowed were meagre (9 per cent) and mostly observed in the older ages. Around 70 per cent of the women aged 60 years and above were widowed, divorced or separated. Overall, the proportion of currently married (for those aged 10 years and above) was 55 per cent among males as against 57 per cent among females.

Table 2.4: MARITAL STATUS OF THE HOUSEHOLD POPULATION

Percentage distribution of the household population aged 10 years and above by marital status, according to age and sex, Karnataka, 2002-04

Age	Marital status				Total Percentage	Number of persons
	Never married	Currently married	Married, *gaunna* not performed	Widowed/ divorced/ Separated		
			Male			
10-14	97.4	2.3	0.3	0.0	100.0	8,016
15-19	97.4	1.9	0.6	0.1	100.0	7,644
20-24	79.2	19.4	1.0	0.3	100.0	6,838
25-29	39.9	58.5	0.7	0.9	100.0	5,904
30-44	5.1	93.2	0.2	1.4	100.0	14,021
45-59	0.8	95.6	0.1	3.5	100.0	8,916
60+	0.5	84.8	0.1	14.5	100.0	5,930
Total	41.7	55.4	0.4	2.6	100.0	57,269
			Female			
10-14	96.5	2.1	1.1	0.2	100.0	7,584
15-19	68.6	30.0	0.8	0.7	100.0	8,276
20-24	26.4	70.8	0.6	2.3	100.0	7,252
25-29	8.1	86.9	0.2	4.8	100.0	6,146
30-44	1.7	86.9	0.2	11.3	100.0	13,406
45-59	0.9	71.5	0.3	27.4	100.0	8,772
60+	1.2	28.6	0.5	69.7	100.0	6,038
Total	27.4	57.0	0.5	15.1	100.0	57,474
			Total			
10-14	97.0	2.2	0.7	0.1	100.0	15,600
15-19	82.4	16.5	0.7	0.4	100.0	15,920
20-24	52.0	45.8	0.8	1.4	100.0	14,090
25-29	23.7	73.0	0.4	2.9	100.0	12,050
30-44	3.4	90.1	0.2	6.3	100.0	27,426
45-59	0.9	83.6	0.2	15.4	100.0	17,688
60+	0.9	56.5	0.3	42.4	100.0	11,968
Total	34.5	56.2	0.4	8.8	100.0	1,14,743

Note: The table is based on *de facto* population.

2.5 Marriage

Marriage in the household is an important event that reflects the socio-cultural practices of a community. This section outlines the marriages that took place in the sample households during the three year period prior to the survey. The mean age at marriage by sex, and percentage of marriages below the legal age at marriage of 21 years for boys and 18 years for girls by residence and districts has been given in Table 2.5. The mean age at marriage for boys and girls in urban areas of Karnataka were 26 years and 20.6 years, respectively. The corresponding figures in rural areas were 24.7 years and 18.5 years.

Table 2.5: MARRIAGE
Mean age at marriage and percentage of marriages below legal age at marriage by sex and by districts, Karnataka, 2002-04

Place of residence/ District	Mean age at marriage		Percentage of marriages below legal age at marriage	
	Boy	Girl	Boy (<21)	Girl (<18)
State – Total	25.1	19.1	13.8	31.4
State – Rural	24.7	18.5	15.9	37.1
State – Urban	26.0	20.6	8.4	17.3
District				
Bagalkot	23.4	17.4	27.7	48.3
Bangalore Urban	25.8	20.5	5.3	12.4
Bangalore Rural	24.8	18.7	9.0	28.4
Belgaum	24.3	18.0	18.7	46.0
Bellary	24.1	18.8	23.9	35.2
Bidar	24.5	18.0	12.3	44.9
Bijapur	24.5	18.0	21.3	50.1
Chamarajanagar	26.4	18.8	8.0	34.3
Chikmagalur	26.7	21.9	2.7	6.8
Chitradurga	26.1	19.3	11.5	26.6
Dakshina Kannada	27.9	21.5	1.0	5.5
Davanagere	25.6	19.9	10.1	18.1
Dharwad	26.3	19.4	5.5	32.4
Gadag	25.0	18.4	13.1	44.8
Gulbarga	24.0	17.7	21.6	48.9
Hassan	25.3	19.9	12.7	18.5
Haveri	25.9	19.1	6.7	30.2
Kodagu	26.4	21.0	8.3	2.2
Kolar	24.6	19.4	16.7	26.3
Koppal	23.7	17.4	25.3	51.4
Mandya	25.4	19.0	6.9	29.9
Mysore	26.0	19.3	5.3	25.2
Raichur	22.5	17.2	35.6	59.4
Shimoga	25.8	20.5	4.2	8.9
Tumkur	25.6	19.3	7.8	25.7
Udupi	28.5	23.3	3.2	1.1
Uttara Kannada	27.5	22.2	3.0	7.8

Note: The table is based on *de jure* population.
Reference period: - January 1st, 1999 to survey date for phase-1, and January 1st, 2001 to survey date for phase-2.

On the whole, both boys and girls in Karnataka seemed to fulfil the minimum legal marriage age prescribed for them, the average age at marriage being 25.1 years for boys and 19.1 years for girls. However, about 14 per cent of the boys and 31 per cent of the girls got married below the corresponding legal age at marriage specified for them. This proportion was much higher in rural areas than in urban areas of the state. Regarding district level variations, the highest mean age at marriage was 28.5 years for boys and 23.3 years for girls in Udupi district. The lowest mean age at marriage for boys and girls was 22.5 years and 17.2 years respectively in Raichur district.

It was also observed that the proportion of girls who got married below the prescribed minim legal age at marriage was highest (59 per cent) in Raichur district and lowest (1 per cent) in Udupi district. More than 40 per cent of the girls got married before attaining the minimum legal age at marriage in 8 districts of the 27 districts in the state (see Map-1). Among boys, the proportion of marriages below the minimum legal age at marriage was highest (36 per cent) in Raichur district and lowest (1 per cent) in Dakshina Kannada district.

2.6 Morbidity Rates

The DLHS-RCH collected information on the morbidity status of *de jure* members of the household with respect to blindness, tuberculosis and malaria. The data on prevalence rates of blindness, tuberculosis and malaria for the state have been given in Table 2.6.

Partial, Complete and Night Blindness

The overall prevalence of partial blindness in the state was 3,896 cases per 100,000 population and was higher in rural areas (4,048 cases per 100,000) compared to urban areas (3,575 cases per 100,000). It was comparatively higher among females than males. The prevalence of complete blindness was 360 cases per 100,000 population with 396 cases and 282 cases per 100,000 population in rural and urban areas, respectively. The difference in the prevalence of complete blindness between males and females was only meagre. The prevalence of night blindness due to vitamin-A deficiency was 189 per 100,000 population, which was much higher in rural areas (250 cases) than in urban areas (60 cases).

Tuberculosis

The prevalence of tuberculosis was 200 cases per 100,000 population in the state, with rural areas having a higher prevalence of 224 cases as compared to 149 cases per 100,000 population in urban areas. And, the prevalence was higher among males (221 cases) than for females (178 cases).

Malaria

The respondents were asked to state whether any member of their households suffered from malaria (characterized by recurrent fever with shivering) during the two weeks prior to the survey. Overall, 298 persons were reported to have suffered from malaria for every 100,000 population in Karnataka. The residents in rural areas had much higher prevalence of malaria (334

cases) than the urban residents (224 cases). And, a higher percentage of males than females had suffered from malaria.

.

Table 2.6: MORBIDITY RATES

Prevalence of blindness, tuberculosis, and malaria, according to place of residence, Karnataka, 2002-04.

Morbidity	Total	Residence	
		Rural	Urban
Prevalence rate of blindness			
Male			
Partial	3,518	3,606	3,332
Complete	336	361	284
Night blindness	167	220	56
Female			
Partial	4,284	4,501	3,824
Complete	383	433	281
Night blindness	210	280	65
Persons			
Partial	3,896	4,048	3,575
Complete	360	396	282
Night blindness	189	250	60
Prevalence rate of tuberculosis			
Male	221	229	205
Female	178	219	92
Person	200	224	149
Prevalence rate of malaria[1]			
Male	347	375	288
Female	247	291	157
Person	298	334	224

Note: All the rates refer to *de jure* population.
Prevalence rate per 100, 000 population.
Reference period: - January 1st, 1999 to survey date for phase-1, and January 1st, 2001 to survey date for phase-2. [1] Last two weeks prior to the survey.

2.7 Morbidity Rates by Districts

Table 2.7 has gives the morbidity rates by districts of Karnataka for prevalence of blindness, tuberculosis and malaria. The prevalence of partial blindness varied considerably among the districts, the lowest being 350 cases per 100,000 population in Raichur and the highest was 9,881 cases per 100,000 population in Bidar. Apart from Raichur, the prevalence of partial blindness below 1,000 cases per 100,000 population was reported in Bangalore Urban. The prevalence of complete blindness varied from none in Bangalore Urban district to 1,415 cases per 100,000 population in Davanagere district.

The data did reveal substantial inter-district variations in the prevalence rates of tuberculosis and malaria. The prevalence of tuberculosis was highest (537 per 100,000 population) in Uttara Kannada district and lowest in Udupi (44 per 100,000). For malaria, the

prevalence was highest in Hassan (1,347 cases per 100,000 population) and lowest in Dakshina Kannada (49 cases per 100,000 population).

Table 2.7: MORBIDITY RATES BY DISTRICTS

Prevalence of blindness, tuberculosis, and malaria, by districts, Karnataka, 2002-04

District	Prevalence[1] of morbidity			
	Partial blindness	Complete blindness	Tuberculosis	Malaria[2]
Bagalkot	5,067	350	230	187
Bangalore Urban	463	0	113	197
Bangalore Rural	1,338	56	272	239
Belgaum	3,142	636	310	347
Bellary	5,160	327	158	185
Bidar	9,881	320	57	173
Bijapur	5,379	549	143	193
Chamarajanagar	4,053	169	178	155
Chikmagalur	2,305	262	438	473
Chitradurga	6,080	129	188	150
Dakshina Kannada	5,506	256	98	49
Davanagere	2,502	1,415	197	436
Dharwad	5,051	63	88	76
Gadag	6,340	644	94	78
Gulbarga	4,114	390	141	375
Hassan	5,002	59	518	1,347
Haveri	9,762	392	156	178
Kodagu	3,399	223	289	246
Kolar	3,331	247	250	277
Koppal	3,254	223	235	449
Mandya	3,682	990	294	608
Mysore	6,636	269	91	51
Raichur	350	16	276	470
Shimoga	5,238	863	115	72
Tumkur	1,152	206	144	371
Udupi	3,996	954	44	191
Uttara Kannada	2,842	260	537	780
Karnataka	3,896	360	200	298

Note: All the rates refer to *de jure* population. [1] Prevalence rate per 100, 000 population.
Reference period: - January 1st, 1999 to survey date for phase-1, and January 1st, 2001 to survey date for phase-2. [2] Last two weeks prior to the survey.

2.8 Housing Characteristics

This section describes the availability of basic housing amenities in the state. Table 2.8 has provided the percentage distribution of households by selected housing characteristics. A very high eighty seven per cent of the households in Karnataka had electricity connections. Expectedly, the proportion of households with electric connection was significantly higher in urban areas (95 per cent) as compared to rural areas (83 per cent).

As regards the source of drinking water, while 68 per cent (a little more than two-third) of the households were getting tap water, 20 per cent (one-fifth) and 10 per cent of the households respectively were getting hand pump/bore-well and well water. Furthermore, 87 per cent of the households in urban areas were receiving tap water for drinking as against 58 per cent of the households in rural areas having such facility.

With respect to sanitation facilities, while 17 per cent of the households each were using flush toilets or latrines, 4 per cent were using shared toilets, and 61 per cent of the households did not have any toilet facility at all. The data substantiate the wide rural-urban difference in toilet facilities; 81 per cent of the households in rural areas had no toilet facility against only 20 per cent in urban areas.

The data on type of fuel used in the households for cooking suggest that a majority, i.e., 66 per cent of the households depended on firewood in Karnataka. Around 26 per cent and 7 per cent of the households were using liquid (petroleum) gas or electricity and kerosene, respectively. In urban areas, the use of liquid (petroleum) gas or electricity for cooking was obviously higher (60 per cent), and, in rural areas, the use of firewood was higher (87 per cent).

There was considerable variation in the quality of housing. Therefore, on the basis of materials used for floor, walls and roof for house construction the households were categorised as *kachcha*, semi-*pucca* and *pucca*. About two-thirds, a little more than one-fifth (22 per cent) and a little more than one-tenth of the households in the state were living in semi *pucca, pucca* and *kachcha* houses, respectively. In urban areas, about 47 per cent of the households were living in *pucca* houses as compared to 9 per cent of the households in rural areas.

The possession of consumer goods is an indication of socio-economic status of a household. The data have indicated that 46, 45, 40 and 31 per cent of the households in the state owned television, fan, radio or transistor and bicycle, respectively. Somewhat considerably, the other durables possessed by the households were telephone (19 per cent), motorcycle or scooter (18 per cent) and sewing machine (13 per cent). Only 3 and 1 per cent of the households owned a car or jeep and a tractor, respectively. Excepting for tractor, ownership of most of the consumer durable items was much higher among urban households than among rural households.

A composite measure, *viz.*, standard of living index (SLI) was derived for classifying the households by considering the household amenities such as source of drinking water, type of house, source of lighting, fuel used for cooking, toilet facility available and ownership of durable goods. The standard of living index was calculated by adding the scores mentioned below.

Table 2.8: HOUSING CHARACTERISTICS

Percentage distribution of the household by housing characteristics and percentage of households owing selected durable goods, according to residence, Karnataka, 2002-04

Housing characteristic	Total	Residence	
		Rural	Urban
Electricity			
Yes	87.0	83.1	94.7
No	13.0	16.9	5.3
Source of drinking water			
Tap inside	23.4	10.7	48.6
Tap shared public	44.4	47.3	38.6
Hand pump/ bore well	20.1	26.6	7.1
Well covered	3.0	3.3	2.4
Well uncovered	6.9	9.0	2.8
River	0.6	0.9	0.1
Pond	0.8	1.2	0.2
Spring	0.4	0.6	0.0
Other	0.4	0.6	0.1
Sanitation facility			
Own flush toilet	17.0	6.7	37.4
Own pit toilet / latrine	17.3	10.7	30.4
Shared toilet of any type	4.0	1.1	9.5
Public / community toilet	1.3	0.6	2.7
No toilet facility	60.5	80.8	20.0
Main type of fuel used for cooking			
Liquid petroleum gas/ electricity	25.7	8.6	59.8
Kerosene	7.4	3.8	14.7
Wood	66.4	87.1	25.3
Other	0.5	0.6	0.2
Type of house			
Kachcha	12.8	15.9	6.7
Semi - *pucca*	65.7	75.3	46.6
Pucca	21.5	8.9	46.7
Household assets			
Fan	45.0	27.7	79.4
Radio/transistor	40.3	32.5	55.8
Sewing machine	13.1	7.7	23.9
Television	46.2	31.1	76.1
Telephone	19.3	10.0	37.9
Bicycle	30.8	29.4	33.7
Motor cycle/ scooter	17.5	9.3	33.7
Car / Jeep	3.2	1.1	7.3
Tractor	1.4	1.7	0.8
Standard of living index			
Low	44.6	60.8	12.5
Medium	33.1	31.2	37.0
High	22.2	8.0	50.5
Number of households	28,167	18,733	9,434

Sources used for different aspects in the study were the following:

Source of drinking water: 3 for Tap (own), 2 for Tap (shared), 1 for hand pump and well, and 0 for other.
Type of house: 4 for *pucca*, 2 for semi-*pucca*, and 0 for *kachcha.*

Source of lighting: 2 for electricity, 1 for kerosene, and 0 for other.
Fuel for cooking: 2 for LPG gas/electricity, 1 for kerosene and 0 for other.
Toilet facility: 4 for own flush toilet, 2 for own pit toilet, 2 for shared toilet and 0 for no toilet.
Ownership for items: 4 each for car and tractor, 3 each for television, telephone and motorcycle/scooter, and 2 each for fan, radio/transistor, sewing machine and bicycle.
The total of the scores might vary from the lowest of 0 to maximum of 40. On the basis of total score households were defined into three categories as;

a) Low – if total score was less than or equal to 9,
b) Medium – if total score was greater than 9 but less than or equal to 19 and
c) High – if total score was greater than 19.

As per the standard of living index measured above, nearly 45 per cent of the households belonged to the low standard of living category, 33 per cent to the medium standard of living and 22 per cent to the high standard of living in Karnataka as a whole.

The proportion of households with medium and high standard of living were much higher in urban areas (37 and 51 per cent) than in rural areas (31 and 8 per cent). And, the proportion of households with a low standard of living was significantly higher in rural areas (61 per cent) than in urban areas (13 per cent) of the state.

2.9 Housing Characteristics by Districts

The development of basic amenities with respect to housing and possession of consumer durables was not uniform in the 27 districts of Karnataka. Table 2.9 has presented inter-district comparison of housing characteristics in the state. The proportion of households with electricity connection was above 80 per cent in all the districts except four districts *viz.,* Kodagu (69 per cent), Raichur (77 per cent), Gulbarga (78 per cent) and Koppal (79 per cent). The households with electricity connection were highest in Bangalore Urban district at 97 per cent. Ninety or more percentage of households were getting piped or hand pumped water for drinking in all the districts except Belgaum (86 per cent) and, coastal and the districts of malnad region, *viz.,* Uttara Kannada (45 per cent), Udupi (62 per cent), Dakshina Kannada (73 per cent), Shimoga (78 per cent) and Chikamagalur (86 per cent).

Most of the districts in Karnataka were poorly developed with respect to toilet facilities, because, in 22 out of 27 districts in the state, toilet facilities were available to less than 50 per cent of the households and, it was lowest in Bagalkot (13 per cent) and Riachur districts (18 per cent).

In Bangalore Urban district, the percentage of households using liquid petroleum gas or electricity for cooking was 68 per cent and in the rest of districts, it was significantly lower ranging between 11 and 46 per cent. The proportion of households living in *pucca* houses was certainly low in Karnataka except in Bangalore Urban district which had 58 per cent *pucca* houses. In 19 out of 27 districts in the state, one-fifth or less proportion of the households lived in *pucca* houses. And, in Haveri (8 per cent), Chamarajanagar (9 per cent) and Hassan (9 per cent) districts the proportion of *pucca* houses was below 10 per cent.

Table 2.9: HOUSING CHARACTERISTICS BY DISTRICT
Selected housing characteristics by district, Karnataka, 2002-04

Districts	Percentage of households: With electricity	With drinking water[1]	With toilet facility	Using Liquid petroleum gas/ electricity	Living in *pucca* house
Bagalkot	87.1	95.3	12.8	15.0	14.9
Bangalore Urban	96.7	99.1	92.0	67.9	57.6
Bangalore Rural	90.8	99.2	37.2	17.6	19.5
Belgaum	88.3	86.0	30.1	25.0	12.9
Bellary	87.4	96.4	27.5	21.1	18.2
Bidar	85.7	93.4	25.9	13.7	13.8
Bijapur	81.7	89.8	23.2	23.7	19.1
Chamarajanagar	83.1	95.4	26.7	17.5	9.0
Chikmagalur	83.1	86.4	53.5	28.1	21.2
Chitradurga	87.3	97.3	28.0	16.5	12.0
Dakshina Kannada	89.9	73.0	74.9	45.9	28.3
Davanagere	91.4	99.7	41.5	28.3	28.4
Dharwad	91.2	94.2	42.2	28.2	16.6
Gadag	88.8	90.6	20.4	13.3	13.0
Gulbarga	78.1	90.2	24.2	13.1	13.6
Hassan	84.6	94.6	35.4	19.3	9.4
Haveri	86.4	99.0	32.7	12.0	7.9
Kodagu	68.7	67.2	71.5	30.5	15.5
Kolar	91.0	97.2	34.7	18.2	41.4
Koppal	78.6	91.9	21.8	14.7	19.0
Mandya	90.8	97.8	37.0	16.4	13.3
Mysore	88.4	98.4	41.4	30.3	20.7
Raichur	76.8	85.3	18.2	11.3	13.9
Shimoga	86.7	77.7	44.3	29.5	11.7
Tumkur	86.3	98.2	32.1	15.8	20.2
Udupi	87.5	61.7	70.9	45.4	25.1
Uttara Kannada	87.8	45.3	44.5	27.3	11.5
Karnataka	87.0	90.9	39.5	25.7	21.5

Note: [1] That is piped or from a hand pump/bore well/ well covered.

2.10 Iodization of Salt

Consumption of salt fortified with iodine is recommended to avoid miscarriages, brain disorders, cretinism and retarded psychomotor development. As per the Prevention of Food Adulteration Act, 1988, the minimum recommended iodine content of edible salt is 30 parts per million (PPM) at the manufacturing level.

In the DLHS-RCH, each interviewer was provided with a test kit to measure the level of iodine content of salt consumed by the surveyed households. The test results (Table 2.10) were classified by degree of ionization of salt and background characteristics of the households. The data have shown that while 23 per cent of the households used salt that contained a minimum

recommended 15 ppm or higher level of iodine content, 25 per cent of the households used salt which was inadequately iodised and 50 per cent of the households salt that was not iodized at all.

In rural areas, 62 per cent of the households used non-iodized salt which was 26 per cent in urban areas, whereas, the proportion of households using inadequately iodized salt in rural and urban areas was somewhat similar at 24 per cent and 28 per cent, respectively. The proportion of households using iodised and, non-iodized or inadequately iodized salt was closely associated with the educational levels of the household heads. Notably, nearly half (48 per cent) of the households headed by persons with more than 10 years of schooling reported using adequately iodized salt. The proportion of households using adequately iodized salt was comparatively lower at 22 per cent among Hindu households as against 25, 42 and 63 per cents among Muslim, Christian and Jain households, respectively. Consumption of adequately iodised salt among other castes households was 33 per cent, followed by 23 per cent among other backward classes households and 13 per cent among scheduled castes and scheduled tribes households.

Table 2.10: IODIZATION OF SALT

Percentage distribution of household heads by degree of Iodization of salt, according to selected background characteristics, Karnataka, 2002-04

Background characteristic	Not Iodised	7ppm	15+ppm	Other[1]	Total percentage	Number of households
Place of Residence						
Rural	62.3	23.5	12.0	2.2	100.0	18,733
Urban	25.5	28.4	44.5	1.5	100.0	9,434
Education of the household heads						
Non-literate	63.8	24.0	10.0	2.2	100.0	12,181
0-9 years@	49.9	27.3	21.2	1.6	100.0	8,966
10 Years & above	26.0	24.4	47.6	2.0	100.0	7,016
Religion of household head						
Hindu	51.3	24.9	21.8	2.0	100.0	23,953
Muslim	46.6	26.8	24.8	1.8	100.0	3,355
Christian	27.8	28.9	42.1	1.2	100.0	612
Jain	21.9	14.2	62.5	1.5	100.0	216
Other	(44.8)	(34.5)	(20.7)	(0.0)	(100.0)	31
Caste/tribe of the household head#						
Scheduled caste	60.0	24.2	13.1	2.6	100.0	5,068
Scheduled tribe	57.2	27.9	13.3	1.6	100.0	2,173
Other backward class	51.0	24.4	22.8	1.8	100.0	13,647
Other	38.5	26.3	33.3	1.9	100.0	7,084
Standard of living index						
Low	67.8	22.6	7.0	2.6	100.0	12,576
Medium	49.0	28.4	21.1	1.6	100.0	9,328
High	15.7	25.5	57.6	1.2	100.0	6,262
Total	50.0	25.2	22.9	2.0	100.0	28,167

Note: Ppm: Parts per million,
The table includes 2 household heads with missing information on education and 1 on religion who are not shown separately. @ Literate persons with no years of schooling were also included. # Total number of cases may not add up to N due to do not know and missing cases. [1] Includes salt not at home, salt not tested, refused and missing cases.
() Based on less than 50 unweighted cases.

Differentials in the consumption of adequately iodized salt were more conspicuous when the data were analysed by standard of living index. The data suggest that households with low standard of living were more likely to use non-iodized or inadequately iodized salt in comparison to households with medium or high standard of living index. Apparently, 68 per cent of the households with low standard of living index were using non-iodized salt as against 49 per cent and 16 per cent among the households with medium and high standard of living index, respectively. While a majority of 58 of the households with high standard of living index used adequately iodized salt, whereas, in comparison only 7 per cent of the households with a low standard of living index consumed salt that was adequately iodized.

2.11 Iodization of Salt by Districts

Table 2.11 has shows variations in the districts by levels of iodized salt used in the households. The proportion of households (11 per cent) using non-iodized salt was lowest in Davanagere district and the proportion of households using non-iodized salt was highest (85 per cent) in Haveri district.

Table 2.11: IDOIZATION OF SALT BY DISTRICT

Percentage distribution of household heads by degree of idoization of salt by districts, Karnataka, 2002-04

District	Not idoized	7ppm	15+ppm	Other[1]
Bagalkot	58.9	30.3	8.4	2.5
Bangalore Urban	13.5	26.0	59.8	0.7
Bangalore Rural	62.9	19.8	14.8	2.5
Belgaum	55.5	13.4	27.9	3.3
Bellary	60.8	22.4	15.7	1.0
Bidar	65.0	13.0	18.9	3.1
Bijapur	53.7	28.8	13.6	3.9
Chamarajanagar	37.8	27.8	31.7	2.7
Chikmagalur	38.7	32.2	25.0	4.1
Chitradurga	66.7	19.4	13.0	0.9
Dakshina Kannada	27.8	37.3	33.8	1.0
Davanagere	11.3	59.7	28.6	0.5
Dharwad	62.0	36.3	0.5	1.3
Gadag	75.1	16.4	5.8	2.7
Gulbarga	79.3	7.8	10.5	2.4
Hassan	48.6	27.4	21.9	2.1
Haveri	84.9	5.3	5.1	4.7
Kodagu	23.6	30.8	43.9	1.7
Kolar	52.5	33.2	12.8	1.5
Koppal	77.2	12.5	9.3	1.0
Mandya	47.7	24.5	26.5	1.3
Mysore	30.7	35.3	33.7	0.3
Raichur	80.0	10.9	8.1	0.9
Shimoga	33.7	50.5	14.3	1.5
Tumkur	66.4	15.6	13.9	4.1
Udupi	20.0	43.7	35.1	1.1
Uttara Kannada	32.8	36.0	28.6	2.6
Karnataka	50.0	25.2	22.9	2.0

Note: Ppm: Parts per million. [1] Includes salt not at home, salt not tested, refused and missing cases.

The percentage of households using inadequately iodized salt was highest (60 per cent) in Davanagere and was lowest in Haveri district (5 per cent), while around 23 per cent of the households in the state as a whole used adequately iodized salt, the highest proportion of households using it was reported in Bangalore Urban district (60 per cent). The consumption of adequately iodized salt by households in the state was lowest in Dharwad, Haveri and Gadag districts (see Map-2) which was less than 1 per cent, 5 per cent and 6 per cent, respectively.

2.12 Availability of Facilities and Services in Rural Population

The DLHS-RCH collected information from knowledgeable persons such as the '*Sarpanch*' or '*Pradhan*'(village head), village officials and other persons including 'teacher' about health and educational facilities and other services available in the surveyed villages. One important aspect was on the distance from the village to various types of education facilities, including primary school, middle school, secondary school, higher secondary school, college, *Gurujee* scheme and '*Madarsa*', if not available within the village. Furthermore, information was also collected on distance from various types of health facilities including sub-centres, primary health centres (PHCs), community health centres/ Rural Hospitals (CHCs/RHs), Government dispensary, hospital, private clinic or hospitals and health facilities of Indian system of Medicine (ISM), if not available within the village.

Table 2.12 has provided the data on the distance of surveyed villages from various education facilities. The unit of analysis, of course, was usual residents of rural population. The data have shows that almost 100 per cent of the people (the *de jure* population) in rural areas of the state were living in villages that had primary schools, a majority of 81 per cent were living in villages that had a middle school, around half or 49 per cent were living in villages that had a secondary school. Higher secondary school was available for 27 per cent of the population within the village. While *Gurujee* scheme and *Madarasa* facilities were available within the village only for 4 per cent and 6 per cent of the rural people respectively, 9 per cent of the population was having access to college facility within the village. As regards distances to educational facilities, it was seen that around 14 per cent, 26 per cent, 33 per cent, 42 per cent and 38 per cent of the rural population had access to middle, secondary, higher secondary school, *Gurujee* scheme and *Madarassas* facility within 5 kilometres distance from the village respectively. For around 48 per cent of the population, the college facility was more than 10 kilometres away from the village and *Madarasas* were available at this distance for 39 per cent of the villages.

Table 2.12: DISTANCE FROM THE NEAREST EDUCATION FACILITY

Percentage distribution of rural household population by distance from the nearest education facility, Karnataka, 2002-04

Education facility	Within village	Distance from the village: < 5 km	5-9 km	10+ km	Don't know/ missing	Total per cent
Primary School	99.7	0.2	0.1	0.1	0.0	100.0
Middle School	80.6	13.7	3.9	1.7	0.0	100.0
Secondary School	49.0	26.3	17.2	7.5	0.0	100.0
Higher Secondary School	26.8	33.3	22.5	17.1	0.3	100.0
College	9.4	16.4	26.1	47.6	0.5	100.0
Gurujee Scheme	4.3	42.1	8.2	30.4	15.0	100.0
Madarsa	6.3	38.1	9.3	39.0	7.3	100.0

Note: The table is based on rural *de jure* population.

Table 2.13 DISTANCE FROM THE NEAREST HEALTH FACILITY

Percentage distribution of rural household population by distance from the nearest health facility, Karnataka, 2002-04

Health facility	Within village	Distance from the village: < 5 km	5-9 km	10+ km	Don't know/ missing	Total per cent
		Rural household population				
Sub-centre	42.3	30.4	18.5	8.6	0.2	100.0
Primary health centre	19.0	26.8	31.4	22.4	0.4	100.0
Either sub-centre or PHC	44.5	31.4	17.2	6.7	0.2	100.0
Community health centre/ Referral hospital	4.4	16.0	20.7	58.2	0.6	100.0
Government dispensary	7.2	13.6	23.5	55.5	0.2	100.0
Government hospital	7.1	12.1	22.5	56.6	1.7	100.0
Private clinic	24.2	16.6	22.3	36.8	0.2	100.0
Private hospital	3.7	11.7	21.9	62.1	0.7	100.0
ISM health facility	5.5	14.6	15.9	61.5	2.5	100.0

Note: The table is based on rural de jure population.

Table 2.13 has shows the data on the availability of health facilities within the surveyed villages and provided information on the distance between the village and the nearest available health facility. About 42 per cent of the rural population lived in villages that were having Sub-centre facility. Only 19 per cent of the rural households lived in villages which had a primary health centre though the proportion of the population having facilities of either Sub-centre or primary health centre within the village was 45 per cent. The proportion of rural population having other health facilities such as CHCs/RHs, Government dispensary, Government hospitals private clinics and System of Medicine within the village was 4, 7, 7, 24, 4 and 6 per cents, respectively.

Table 2.14: AVAILABILITY OF SERVICES

Percentage of rural residents living in villages that have selected services, West Karnataka, 2002-04

Services	Percentage of rural residents
Anganwadi *centre*	96.2
Anganwadi worker	86.5
Private doctor	36.6
Visiting doctor	25.3
Homeopathic doctor	8.0
Village health guide	19.3
Trained birth attendant	50.4
Traditional healer	10.4
Dai	68.7

Note: The table is based on rural de *jure* population.

The proportion of population living in villages located within a distance of 5 kilometres from health facilities was 30 per cent for sub-centres, 27 per cent for primary health centres, 16 per cent for CHCs/RHs, 14 per cent for Government dispensary, 12 per cent for Government hospitals, 17 per cent for private clinic, 12 per cent for private hospitals and 15 per cent for ISM health facilities. Distance of health facilities beyond 10 kilometres from the surveyed villages was 57 per cent of the population in the case of Government hospitals and 62 per cent of the population for private hospitals.

As per Table 2.14, the proportions of population of the state, various health services were available within the village. Almost 96 per cent of the population lived in villages that had an *anganwadi* (a nursery school for children age 3-6 years), and at the same time, 87 per cent of the population lived in villages having *anganwadi* workers (*Anganwadi* workers provided integrated child development services).

A little more than one-third or 37 per cent of the population lived in villages that had a private doctor, 25 per cent in villages that had a visiting doctor, 8 per cent in villages that had a homeopathy doctor, 19 per cent in villages that had a health guide, 50 per cent in villages that had trained birth attendant and 10 per cent lived in villages that had traditional healer. A little more or less than two-thirds or 69 per cent of the population in villages that hade a *Dai* (*Dai* provides services for the delivery).

2.13 Availability of Education Facility and Health Services by Districts

Table 2.15 has provided the data on the availability of education and health facilities within the surveyed villages by districts in Karnataka. The rural population of the state lived almost universally in rural areas villages having a primary or middle school available within the village. The primary school facility was universally available within the village for the rural population of all districts except for some of the Coastal and Malnad region districts, *viz.*, the districts of Chikmaglur, Kodagu, Shimoga and Udupi. While sub-centre was available within the village for 42 per cent of the rural population in Karnataka as a whole, the facility was available within the village for 84 per cent of the population in Udupi district, the highest proportion in the state. This

proportion was nil and 14 per cent of the population respectively in Banglore and Mysore districts which were lowest for districts in the state.

Chikmagalur and Bangalore Urban were the two districts that did not have a PHC available within the village and in all the other districts PHC was available within the village at least for a few villages. In Dharwad district, 87 per cent of the population in rural areas had access to at least any one of the government health facilities including sub-centre, primary health centre, community health centre or referral hospital, government hospital and government dispensary within the village, which was highest among districts in the state.

Around 93 per cent of the rural population had been visited either by a private or any visiting doctor in the surveyed villages of Dharwad district, which represented the highest proportion in the state. None of the households in the surveyed villages of Bangalore Urban district and 6 per cent in Hassan district were visited either by a private or by any visiting doctor and this represented lowest proportion for the state. While the proportion of population in rural areas attended by trained birth assistants was highest in the districts of Haveri and Koppal (94 per cent each), none and only 7 per cent of the population availed themselves such a facility in the districts of Dharwad and Chamarajnagar respectively and this was the lowest proportion for the state. Visits by *anganwadi* workers to the households in rural areas were universal (100 per cent) in the districts of Bagalokot, Bellary, Dakshina Kannada, Davanagere, Dharwad and Gadag and this proportion of visits was lowest in Hassan district (2 per cent).

Table 2.15: AVAILABILITY OF FACILITY AND SERVICES BY DISTRICT

Selected facility and services of rural household population within the village by districts, Karnataka, 2002-04

Districts	Percentage of rural household population with: Primary or middle school	Sub-centre	PHCs	Any govern-ment health facility[1]	Doctor[2]	TBA[3]	*Angan-wadi* worker
Bagalkot	100.0	55.4	25.5	59.8	89.4	39.1	100.0
Bangalore Urban	100.0	0.0	0.0	0.0	0.0	76.2	76.2
Bangalore Rural	100.0	46.8	1.9	46.8	14.7	38.9	89.3
Belgaum	100.0	54.7	32.7	54.7	79.0	62.9	98.2
Bellary	100.0	50.7	26.8	57.8	83.5	66.6	100.0
Bidar	100.0	55.9	18.7	55.9	75.6	50.9	75.8
Bijapur	100.0	43.4	25.7	62.9	87.7	38.0	93.1
Chamarajanagar	100.0	62.7	28.2	68.7	27.8	6.9	94.4
Chikmagalur	96.2	30.7	0.0	30.7	22.7	70.8	90.5
Chitradurga	100.0	43.4	20.7	43.4	49.3	47.5	97.6
Dakshina Kannada	100.0	63.7	20.8	73.2	72.6	51.5	100.0
Davanagere	100.0	67.6	34.4	67.6	40.6	74.3	100.0
Dharwad	100.0	78.1	14.4	87.3	93.0	0.0	100.0
Gadag	100.0	44.8	29.5	64.8	69.7	49.7	100.0
Gulbarga	100.0	27.3	10.8	28.5	66.0	36.3	87.6
Hassan	100.0	22.4	11.2	26.6	6.0	37.2	2.1
Haveri	100.0	40.3	18.2	40.3	20.6	94.0	96.5
Kodagu	88.4	35.7	25.3	35.7	24.0	16.0	58.5
Kolar	100.0	21.6	10.5	21.6	23.2	22.0	88.2
Koppal	100.0	21.5	8.8	29.5	53.8	93.5	80.0
Mandya	100.0	31.8	24.7	35.7	32.2	43.9	28.2
Mysore	100.0	14.4	11.8	22.8	21.8	24.3	91.0
Raichur	100.0	47.3	14.4	53.9	78.0	72.7	95.9
Shimoga	97.8	41.3	20.3	41.3	12.9	63.5	92.2
Tumkur	100.0	38.1	19.7	40.5	25.7	66.8	87.9
Udupi	97.3	83.7	31.0	83.7	51.3	60.9	95.5
Uttara Kannada	100.0	34.9	12.1	38.1	24.5	27.3	87.0
Karnataka	99.7	42.3	19.0	46.2	49.7	50.4	86.5

Note: [1] Includes sub-center, primary health center, community health center or referral hospital, government hospital, and government dispensary within the village [2] Either private or visiting doctor [3]Trained birth attendant

MAP - 1
Percentage of Girls Marrying Below Legal Age at Marriage

MAP- 2
Percentage of Households Using Salt That Contains 15 ppm Level of Iodine

CHAPTER III

CHARACTERISTICS OF WOMEN, HUSBANDS AND FERTILITY

The Reproductive and Child Health (RCH) programme is targeted towards the underprivileged section of the population, particularly, women and children. The utilization of RCH services provided across the country depends, to a large extent, on the characteristics of women, their husbands and episodes of pregnancies, miscarriages, abortions, number of children born to them and survival status of children. Age of women, marital duration, educational attainment, social background and living standard are important factors, which influence reproductive and child health. With this in view, the DLHS-RCH data were collected on demographic characteristics, such as current age, age at consummation of marriage and number of pregnancies, live births and surviving children from eligible women respondents in the selected households. Information on household background characteristics was collected using a separate household questionnaire that covered religion and caste of the head of the household, type of house, source of drinking water and possession of consumer durables. Fertility preferences of women in terms of timing and desire for additional children in comparison to the number of living children provided information on the need for reproductive and child health services.

This chapter has provided a comprehensive outline of distribution of currently married women by present age, age at consummation of marriage, duration of marriage, completed years of schooling, pregnancy episodes, children ever born and children surviving, along with their households' social and economic characteristics.

3.1 Background Characteristics of Women

The per cent distribution of currently married women in the reproductive age group 15-44 years by residence, religion and caste of head of household, economic standard of household and other demographic characteristics have been shown in Table 3.1. A sample of 22,655 eligible women represented the state of Karnataka in DLHS-RCH and a little more than two-thirds of these women were drawn from rural areas. About 62 per cent of the currently married women were in the age group of 20-34 years and somewhat a similar age distribution was observed for both urban and rural areas. Age at consummation of marriage, particularly, in rural areas was found to be low with as much as 64 per cent of the women who cohabited before 18 years of age, while it was 38 per cent in urban areas. Looking at the distribution of marital duration, it might be noted that 37 per cent of the women across the state had been married for more than 15 years.

Of the total 22,655 sample eligible women in Karnataka, Hindus, Muslims and Christians constituted about 85 per cent, 13 per cent and 2 per cent, respectively. A much higher proportion of Hindu women was found in urban areas (91 per cent) and in rural areas (72 per cent). The presence of women belonging to other religious groups was insignificant in proportional and absolute terms. Around 18 per cent of the women belonged to scheduled castes, 8 per cent to scheduled tribes and 49 per cent to other backward classes. About one-fourth of the sample women (24 per cent) belonged to general castes other than scheduled castes and tribes or other backward class. In rural areas, a higher proportion of women of belonged to scheduled castes, scheduled tribes and other backward classes than in urban areas, whereas, a higher proportion

women from other castes were found in urban areas than in rural areas. The data indicates a clear rural-urban differential in the educational attainment of women. In Karnataka state as a whole, while 46 per cent of the women were illiterates, 57 per cent and 22 per cent of the women were illiterates in rural and in urban areas, respectively.

Table 3.1: BACKGROUND CHARACTERISTICS OF ELIGIBLE WOMEN

Percentage distribution of currently married women aged 15-44 by selected background characteristics, according to residence, Karnataka, 2002-04

Background characteristic	Total	Residence	
		Rural	Urban
Age group			
15-19	10.0	12.0	5.8
20-24	20.7	21.5	19.0
25-29	21.7	20.8	23.5
30-34	19.2	18.2	21.3
35-39	16.0	15.5	17.1
40-44	12.4	12.0	13.4
Age at consummation of marriage			
Below 18 years	55.6	63.9	38.2
18 years & above	44.4	36.1	61.8
Marital duration			
0-4	22.1	21.9	22.7
5-9	21.4	20.8	22.8
10-14	19.1	18.5	20.4
15+	37.3	38.9	34.1
Religion			
Hindu	84.7	90.9	71.8
Muslim	12.7	7.8	23.0
Christian	1.7	0.9	3.5
Sikh	0.0	0.0	0.0
Jain	0.8	0.4	1.6
Zoroastrian	0.0	0.0	0.0
No religion	0.0	0.0	0.0
Other	0.0	0.0	0.0
Missing	0.0	0.0	0.0
Caste/tribe			
Scheduled caste	17.8	20.0	13.2
Scheduled tribe	7.9	9.4	4.7
Other backward class	49.4	51.4	45.4
Other #	24.1	18.7	35.4
Don't know	0.7	0.4	1.3
Missing	0.0	0.0	0.0
Education (Years of schooling)			
Non-literate	45.7	57.1	21.8
0-9 years@	31.7	30.2	34.7
10 years & above	22.6	12.6	43.5
Missing	0.0	0.0	0.0
Husband's education (Years of schooling)			
Non-literate	32.7	40.8	15.6
0-9 years@	31.9	33.8	28.0
10 years & above	34.1	23.9	55.4
Don't know	1.3	1.5	1.0
Missing	0.0	0.0	0.0
Standard of living index			
Low	41.0	55.7	10.2
Medium	35.2	34.4	37.0
High	23.8	9.9	52.8
Number of women	22,655	15,327	7,329

Note: # Not belonging to a scheduled caste, scheduled tribe and any other backward class.
@ Literate persons with no years of schooling are included.

Of those who attended school, a little less than one-third or about 32 per cent of the women across the state had completed 0-9 years of schooling. A little more than one-tenth or around only 13 per cent of the women in rural areas had completed 10 or more years of schooling in comparison to 44 per cent for the women in urban areas. Men were more literate than their spouses. In Karnataka, one-third of (33 per cent) the husbands of eligible women were illiterates and the corresponding figures were 41 per cent in rural areas and 16 per cent in urban areas. The DLHS-RCH collected data on the materials used for floor, walls and roofs of the housing structure along with possession of a list of consumer durables in the household and these were used to construct a composite index of household standard of living. On the basis of this composite index, the households were thus classified as low, medium and high standard of living categories. On the whole, 41 per cent of the women in the state belonged to low standard of living households and this proportion was 56 per cent in rural areas and 10 per cent in urban areas. Of course, a majority of the women across the state belonged to households categorised as medium and high standard of living (59 per cent). In urban areas 53 per cent of the women belonged to high standard of living households and the corresponding figure was just 10 per cent for rural areas.

3.2 Educational Level of Women

Table 3.2 has provided the details of educational level of the eligible women in terms of completed years of schooling by selected background characteristics such as place of residence, religion, and caste and husbands' education. With respect to illiterate women, it was observed that comparatively a lower proportion of younger women below 30 years of age were illiterates than older women of age 30 years and above. Of course, this age divide was true among women who had higher levels of schooling. A distinct pattern of educational attainment of women was that a number of them had 1-5 years and 6-8 years or 9-10 years of schooling and not many had attended schooling for 11 years or more. Among women in the age group of 15-19 years who attended school, while 12 per cent, 20 per cent and 19 per cent had 1-5 years, 6-8 years and 9-10 years of schooling respectively, only 4 per cent of them had attended 11 or more years of schooling. Among the older women in the age group 40-44 years, the schooling was somewhat similar with 14 per cent, 12 per cent, 14 per cent and 8 per cent of them having attended school for 1-5, 6-8, 9-10 and 11 or more years of schooling, respectively.

The data suggest significant rural-urban differences in the level of education of women in Karnataka. In rural areas a majority of 57 per cent of eligible women were illiterate and, 12 per cent of the women had 1-5 years of schooling, 13 per cent each had 6-8 and 9-10 years of schooling and 5 per cent had 11 or more years of schooling. The corresponding figures in urban areas were 22 per cent, 9 per cent, 18 per cent, 28 per cent and 24 per cent respectively for illiterates, 1-5 years, 6-8 years, 9-10 years 11 or more years of schooling. A much higher proportion of Hindu women (48 per cent) were illiterates in comparison to women among Muslim (40 per cent), Christian.(19 per cent) and Jain (11 per cent) religions. Among those who attended school, most of the women had 1-5, 6-8 years and 9-10 of schooling irrespective of their religion. The proportion of Hindu women with 1-5 years of schooling was 10 per cent, which was 15 per cent for Muslims, 7 per cent for Christians and 11 per cent for Jains. Among

Christians 29 per cent and Jain (26 per cent) had 11 or more years of schooling, while it was 11 per cent for Hindus and 8 per cent for Muslim women.

The uneven levels of educational attainment among women by caste can be seen from the proportion of illiterate women among scheduled castes (63 per cent), scheduled tribes (67 per cent), other backward classes (44 per cent) in comparison with other castes (30 per cent). The schooled women were mainly concentrated in 1-5 to 9-10 years of schooling levels irrespective of caste group they belonged to. The husband's education was an important characteristic, which had strong association with the education of eligible women. As much as 80 per cent of the women whose husbands were illiterates were also illiterates as well. Only 9 per cent of the women whose husbands had 11 or more or years of schooling were illiterate. The data show that forty per cent of husbands were schooled 11 or more years.

Table 3.2: LEVEL OF EDUCATION OF ELIGIBLE WOMEN

Percentage distribution of currently married women aged 15-44 by years of schooling, according to selected background characteristics, Karnataka, 2002-04

Background characteristic	Non-literate	Literate but no schooling	Years of schooling: 1-5 years	6-8 years	9-10 years	11 or more years	Missing	Total percentage	Number of women
Age group									
15-19	43.9	0.0	12.4	19.9	19.4	4.4	0.0	100.0	2,261
20-24	38.3	0.0	10.6	17.1	24.0	10.0	0.0	100.0	4,690
25-29	41.7	0.0	9.6	13.7	19.4	15.5	0.0	100.0	4,905
30-34	49.9	0.0	10.1	12.9	14.6	12.5	0.0	100.0	4,347
35-39	52.0	0.0	11.6	12.6	12.9	10.9	0.0	100.0	3,633
40-44	51.7	0.1	13.6	12.3	14.1	8.2	0.0	100.0	2,819
Place of residence									
Rural	57.1	0.0	12.1	13.1	13.0	4.6	0.0	100.0	15,327
Urban	21.8	0.0	8.6	17.5	27.7	24.4	0.0	100.0	7,329
Religion									
Hindu	47.5	0.0	10.5	13.6	17.5	10.9	0.0	100.0	19,189
Muslim	39.5	0.0	15.0	20.3	17.1	8.1	0.0	100.0.	2,879
Christian	18.6	0.1	7.2	16.3	28.5	29.3	0.0	100.0	390
Jain	10.6	0.0	11.2	20.1	31.8	26.3	0.0	100.0	181
Caste/tribe #									
Scheduled caste	63.2	0.0	8.4	10.3	13.0	5.0	0.0	100.0	4,038
Scheduled tribe	67.1	0.0	9.6	9.6	9.5	4.2	0.0	100.0	1,788
Other backward class	43.8	0.0	11.5	15.1	18.6	11.0	0.0	100.0	11,203
Other	29.6	0.0	12.3	18.1	22.2	17.7	0.0	100.0	5,459
Husband's education									
Non-literate	80.4	0.0	7.9	6.8	4.2	0.7	0.0	100.0	7,400
1-5 years	51.9	0.0	22.4	15.9	8.5	1.4	0.0	100.0	2,849
6-8 years	40.3	0.0	15.3	23.7	16.5	4.1	0.0	100.0	3,067
9-10 years	24.2	0.0	12.2	22.3	31.6	9.8	0.0	100.0	4,432
11 or more years	8.7	0.0	4.8	12.8	33.7	40.0	0.0	100.0	4,578
Total	45.7	0.0	11.0	14.5	17.7	11.0	0.0	100.0	22,655

Note: # Total number may not add up to N due to don't know and missing cases.
Total include 311 women with missing information / do not know cases on husband's education who had not been shown separately.
Total include 15 women in other religion and 19 with literate husbands but no schooling who had not been shown separately.

3.3 Background Characteristics of Husbands of Eligible Women

The husbands of eligible women were also interviewed in DLHS-RCH. The response rate among husbands was relatively poor as compared to response rate among eligible women. Selected background characteristics of husbands have been given in Table 3.3. The husbands in Karnataka were mainly concentrated in the age group 25-44 years. Fewer husbands were in the age below 25 years. And, a little less than one-fifth or 24 per cent of the husbands were 45 years or older. A majority of 85 per cent of the husbands belonged to Hindu, 12 per cent to Muslim, 2 per cent to Christian and 1 per cent to Jain religions. The presence of other religious groups was insignificant or rather nil. A little less than one-fifth or 18 per cent of the husbands in the state belonged to scheduled castes and the proportion was a comparatively higher in rural areas (20 per cent) than in urban areas (13 per cent). Nearly one-fourth or 24 per cent of the husbands were from general castes other than scheduled caste, scheduled tribe and other backward classes. However, in urban areas, the husbands from other castes constituted 36 per cent, while it was 19 per cent in rural areas. As regards educational characteristics, a little more than one-third or 34 per cent of the husbands had completed 0-9 years of schooling and the proportion of illiterates among them varied from 18 per cent in urban areas to 42 per cent in rural areas, while their overall state proportion was 35 per cent.

Table 3.3: BACKGROUND CHARACTERISTICS OF MEN

Percentage distribution of husbands of eligible women by selected background characteristics, according to residence, Karnataka, 2002-04

Background characteristic	Total	Residence	
		Rural	Urban
Age group			
< 25	4.4	5.2	2.9
25-34	32.2	32.1	32.5
35-44	39.0	38.4	40.3
45 +	24.4	24.4	24.4
Religion			
Hindu	85.2	91.1	72.2
Muslim	12.0	7.3	22.2
Christian	1.8	1.0	3.5
Sikh	0.0	0.0	0.0
Jain	1.0	0.5	2.0
Zoroastrian	0.0	0.0	0.0
Other	0.0	0.0	0.0
Caste/tribe			
Scheduled caste	17.7	19.9	12.9
Scheduled tribe	7.9	9.4	4.6
Other backward class	49.4	51.4	45.0
Other #	24.3	18.8	36.3
Don't know	0.6	0.4	1.2
Education (Years of schooling)			
Non-literate	34.5	42.2	17.5
0-9 years@	34.4	36.1	30.7
10 years & above	31.2	21.7	51.9
Missing	0.0	0.0	0.0
Standard of living index			
Low	41.6	56.0	10.1
Medium	35.3	34.2	37.6
High	23.1	9.8	52.3
Number of living children			
0	12.3	12.3	12.2
1	16.2	14.1	20.6
2	31.6	30.6	33.8
3	22.5	24.4	18.2
4+	17.4	18.5	15.1
Number of Men	13,904	9,548	4,355

Note: # Not belonging to a scheduled caste, scheduled tribe and any other backward class.
@ Literate persons with no year of schooling are included.

The proportion of husbands living in households classified as low, medium and high standard of living index was 42 per cent, 35 per cent and 23 per cent, respectively. A majority i.e., 56 per cent of the husbands belonged to low standard of living households in rural areas as compared to only 10 per cent in urban areas. This was reverse in the case of husbands belonging to high standard of living households i.e., 52 per cent in urban and 10 per cent in rural areas. In terms of the composition of standard of living of households of the husbands, those living in medium and high standard of living households predominated in urban areas (90 per cent) and low and medium standard of living households were predominant in rural areas (90 per cent) of the state. Overall, around 32 per cent of the husbands reported that they had two living children. Relatively, a higher proportion of husbands (54 per cent) in urban areas said that they had one or two living children, while a higher proportion (55 per cent) in rural areas stated that they had two

or three living children. A little more than 40 per cent of the husbands of eligible women in rural areas had 3 or more three living children, which was 33 per cent i.e., one-third for husbands in urban areas.

3.4 Educational Level of Husbands of Eligible Women

Educational levels in terms of years of schooling classified by age, place of residence, religion and caste or tribe of husbands of eligible women have been shown in Table 3.4. The proportion of illiterate husbands across age groups was somewhat similar, though it was marginally lower among husbands in age group 25-34 years (29 per cent) as compared to other age groups, i.e., below 25 years (36 per cent), 35-44 years (37 per cent) and 45 years or above (38 per cent). Irrespective of their age at the time of survey most of the husbands had 1-10 years of schooling, specifically, 53 per cent of those below 25 years, 47 per cent in age 25-34 years, 46 per cent in age 35-44 years and 47 per cent in 45 years or above. As expected a few (11 per cent) of the younger age husbands below 25 years had 11 or more years of schooling compared to those in age 25-34 years (24 per cent) or above. As in the case of eligible women, relatively a higher proportion of the husbands among Hindus were illiterate (35 per cent) as compared to husbands among Muslims (34 per cent), Christians (14 per cent) and Jains (6 per cent). The proportions of husbands among Hindus, Muslim, Christian and Jain religions who had 11 or more years of schooling constituted 19 per cent, 14 per cent, 29 per cent and 47 per cent, respectively. This suggested that most of the husbands among Hindus, Muslims and Christians had completed 1-10 years of schooling. Educational attainment of husbands of eligible women did vary according to the caste or tribe they belonged to. The proportion of illiterate husbands was much higher among scheduled tribes (55 per cent) and scheduled castes (49 per cent) than among other backward classes (32 per cent) and other general castes (22 per cent). The data show that, among scheduled caste and scheduled tribe husbands 26 per cent and 20 per cent of them respectively had 9 or more years of schooling. The data thus suggest that educations attainments of husbands of other backward classes were somewhat similar to that of husbands from other general castes than scheduled tribe and scheduled castes. Among the husbands belonging to other backward classes, 29 per cent had 1-8 years and 39 per cent had 9 or more years of schooling in comparison with 29 per cent and 50 per cent for husbands belonging to other general castes respectively.

Table 3.4: LEVEL OF EDUCATION OF MEN

Percentage distribution of husbands of eligible women by years of schooling, according to selected background characteristics, Karnataka, 2002-04

Background characteristic	Non-literate	Literate but no schooling	Years of schooling: 1-5 years	6-8 years	9-10 years	11 or more years	Missing	Total per centage	Number of men
Age group									
< 25	35.6	0.4	12.7	17.5	23.1	10.5	0.0	100.0	618
25-34	29.2	0.1	11.9	14.6	20.5	23.8	0.0	100.0	4,477
35-44	36.6	0.2	14.2	13.5	18.0	17.5	0.0	100.0	5,418
45 +	37.9	0.2	16.5	11.9	18.5	15.0	0.0	100.0	3,390
Place of residence									
Rural	42.2	0.2	16.1	13.6	15.8	12.2	0.0	100.0	9,548
Urban	17.5	0.2	9.4	13.8	26.4	32.7	0.0	100.0	4,355
Religion									
Hindu	35.3	0.2	13.9	12.9	18.9	18.8	0.0	100.0	11,846
Muslim	33.9	0.1	15.6	17.4	19.4	13.5	0.0	100.0	1,667
Christian	14.1	0.0	10.9	22.0	24.3	28.8	0.0	100.0	247
Jain	6.1	0.0	7.9	10.2	28.8	47.1	0.0	100.0	137
Caste/tribe #									
Scheduled caste	48.9	0.2	13.4	11.1	14.1	12.4	0.0	100.0	2,462
Scheduled tribe	54.8	0.2	14.6	10.1	11.9	8.5	0.0	100.0	1,100
Other backward class	32.3	0.2	14.1	14.6	20.8	18.0	0.0	100.0	6,873
Other	21.8	0.1	14.0	14.7	21.9	27.6	0.0	100.0	3,380
Total	34.5	0.2	14.0	13.6	19.1	18.6	0.0	100.0	13,904

Note: # Total number may not add up to N due to don't know and missing cases.
Total includes 6 husbands in other religion who had not been shown separately.

3.5 Children Ever Born and Surviving

The women were asked about the children ever born alive and the number of children surviving. Table 3.5 has presented the mean number of children ever born and the mean number of surviving children by women's selected background characteristics and sex of children. A cursory look at the mean number of children ever born by age of women reveals that the older women, on an average, had experienced more number of live births than younger women. Furthermore, the women had given birth to slightly more number of male children than female children, and this pattern was similar with respect to surviving children. Completed fertility, that is, mean number of children ever born to women in the age group 40-44 years was 3.6 in Karnataka and it comprised of, on an average, 1.9 male children and 1.8 female children. Out of the 3.6 mean children ever born to women in the 40-44 years age group, on an average, 3.2 children survived in the state. By the sex of children, out of 1.9 mean number of males ever born, on an average, 1.6 male children survived. Correspondingly, the mean number of female children surviving was 1.5 out of 1.8.

Obviously, women with longer marital duration had more number of children ever born. On an average, women who were married for 15 or more years had 3.5 children ever born and 3.1 of children, on an average were surviving. The rural-urban divide in terms of mean number of children ever born was apparent with a mean of 2.5 children ever born in rural areas and as

compared to on average 2.2 children in urban areas. By religion, the mean children ever born to women among Hindus, Muslims, Christians and Jains were 2.3, 2.8, 2.1 and 2, respectively. Correspondingly, the mean number of surviving children for the religious groups respectively was 2.1, 2.6, 2 and 1.8. It suggests that the mean number of surviving children among Hindu and Muslim women was a little more than 2, comprising on an average, one surviving male and one surviving female children. The average number of children ever born also varied by caste or tribe of the eligible women. While among women belonging to scheduled castes and tribes the mean number children ever born was 2.6 and 2.7 respectively, it was 2.3 children among other backward classes and other general castes women.

Table 3.5: CHILDREN EVER BORN AND LIVING

Mean children ever born (CEB) and children surviving (CS) by selected background characteristics of currently married women age 15-44 years, Karnataka, 2002-04

Background characteristic	Mean children ever born			Mean children surviving			Number of women
	Total	Male	Female	Total	Male	Female	
Age Group (years)							
15-19	0.7	0.4	0.3	0.6	0.3	0.3	2,261
20-24	1.6	0.8	0.8	1.5	0.8	0.7	4,690
25-29	2.3	1.2	1.1	2.1	1.1	1.0	4,905
30-34	2.9	1.5	1.4	2.6	1.3	1.3	4,347
35-39	3.2	1.6	1.5	2.8	1.5	1.4	3,633
40-44	3.6	1.9	1.8	3.2	1.6	1.5	2,819
Marital Duration							
0-4	0.8	0.4	0.4	0.7	0.4	0.3	5,014
5-9	2.0	1.0	1.0	1.9	1.0	0.9	4,857
10-14	2.6	1.4	1.3	2.4	1.3	1.2	4,327
15+	3.5	1.8	1.7	3.1	1.6	1.5	8,457
Residence							
Rural	2.5	1.3	1.2	2.2	1.2	1.1	15,327
Urban	2.2	1.1	1.1	2.1	1.1	1.0	7,329
Religion							
Hindu	2.3	1.2	1.1	2.1	1.1	1.0	19,189
Muslim	2.8	1.5	1.3	2.6	1.4	1.2	2,879
Christian	2.1	1.1	1.0	2.0	1.1	1.0	390
Jain	2.0	1.1	0.9	1.8	1.0	0.8	181
Caste/tribe #							
Scheduled caste	2.6	1.4	1.3	2.3	1.2	1.1	4,038
Scheduled tribe	2.7	1.3	1.3	2.3	1.2	1.2	1,788
Other backward class	2.3	1.2	1.1	2.1	1.1	1.0	11,203
Other	2.3	1.2	1.1	2.1	1.1	1.0	5,459
Education							
Non-literate	2.9	1.5	1.4	2.6	1.4	1.2	10,352
0-9 years@	2.2	1.1	1.1	2.0	1.0	1.0	7,179
10 years & above	1.6	0.9	0.8	1.6	0.8	0.8	5,119
Standard of living index							
Low	2.7	1.4	1.3	2.3	1.2	1.1	9,289
Medium	2.3	1.2	1.1	2.2	1.1	1.0	7,980
High	2.0	1.1	1.0	1.9	1.0	1.0	5,386
All women	2.4	1.2	1.2	2.2	1.1	1.1	22,655

Note: # Total number may not add up to N due to don't know and missing cases.
@ Literate women with no year of schooling had been included. Table Included 15 cases with religion-other, and 4 missing cases in education of women had not been shown separately.

The mean number of children ever born was comparatively higher for illiterate women (2.9) than women who had completed 0-9 years (2.2) and 10 or more years of schooling (1.6). The mean number of surviving children corresponding to these educational levels of women respectively was 2.6, 2.0 and 1.6. Furthermore, the mean number of children ever born among women belonging to the three standard of living categories i.e., low, medium and high standard of living households were 2.7, 2.3 and 2, respectively. The DLHS-RCH showed inverse association between the mean number of children ever born and educational attainment of women, and also between economic levels of the households in Karnataka.

3.6 Completed Fertility by District

The completed fertility, as measured by the mean number children ever born to women in age 40-44 years by districts in Karnataka, together with mean number of surviving children has been shown in Table 3.6. On an average, women on the verge of completing reproductive period had given birth to 3.6 children in their reproductive life in the state, of which, on an average, 3.2 children were surviving. Completed fertility in the state varied from a low of 2.7 mean number of children ever born in Kodagu district to the highest of 5.7 children in Raichur district. With the exception of Chikmagalur, Dakshina Kannada and Kodagu districts the mean children ever born in all other districts of Karnataka was more than 3 children. The completed fertility was relatively higher in the districts of Bagalkot, Bellary, Bidar, Bijapur, Gadag, Gulbarga, Koppal and Raichur with 4, 4.6, 4.9, 4.2, 4.5, 5.1, 4.7 and 5.7 mean number of children ever born, respectively. It was also true that in most of the districts the mean number of male children ever born to women in 40-44 years age group was higher than the mean number of female children born. The districts of Bidar (4.5), Gulbarga (4.1) and Raichur (4.4) recorded the highest mean number of surviving children for the state. Looking at the absolute difference between mean number of children ever born and mean number of surviving children, it appears that infant and child mortalities were somewhat high and varied across the districts in Karnataka.

Table 3.6: COMPLETED FERTILITY BY DISTRICT

Mean children ever born (CEB) and children surviving (CS) to currently married women aged 40-44 by district, Karnataka, 2002-04

District	Mean children ever born			Mean children surviving		
	Total	Male	Female	Total	Male	Female
Bagalkot	4.0	2.2	1.8	3.5	1.9	1.6
Bangalore Rural	3.7	1.9	1.8	3.2	1.6	1.5
Bangalore Urban	3.1	1.4	1.7	2.8	1.2	1.6
Belgaum	3.6	1.9	1.6	3.3	1.8	1.5
Bellary	4.6	2.4	2.2	3.7	2.0	1.8
Bidar	4.9	2.6	2.4	4.5	2.3	2.2
Bijapur	4.2	2.3	1.9	3.7	2.0	1.6
Chamarajanagar	3.4	1.6	1.8	3.0	1.4	1.6
Chikamagalur	2.8	1.4	1.4	2.5	1.3	1.3
Chitradurga	3.4	1.7	1.7	2.9	1.4	1.5
Dakshina Kannada	3.0	1.6	1.4	2.8	1.5	1.3
Davanagere	3.9	2.1	1.9	3.3	1.7	1.6
Dharwad	3.7	2.2	1.4	3.4	2.0	1.3
Gadag	4.5	2.1	2.4	3.8	1.8	2.0
Gulbarga	5.1	2.6	2.5	4.1	2.1	2.1
Hassan	3.5	1.7	1.8	3.1	1.5	1.6
Haveri	3.9	1.9	2.0	3.5	1.7	1.8
Kodagu	2.7	1.4	1.3	2.5	1.3	1.2
Kolar	3.7	2.1	1.6	3.3	1.8	1.5
Koppal	4.7	2.5	2.2	3.8	2.1	1.8
Mandya	3.7	2.0	1.7	3.2	1.7	1.6
Mysore	3.2	1.6	1.6	2.9	1.4	1.5
Raichur	5.7	2.9	2.8	4.4	2.3	2.1
Shimoga	3.3	1.7	1.6	3.0	1.6	1.4
Tumkur	3.1	1.7	1.4	2.7	1.5	1.2
Udupi	3.2	1.7	1.5	3.1	1.6	1.5
Uttara Kannada	3.1	1.8	1.3	2.9	1.6	1.2
Karnataka	3.6	1.9	1.8	3.2	1.6	1.5

3.7 Birth Order

The birth order distribution by selected background characteristics of women has been provided in Table 3.7 and Figure 3.1. This can be used as a measure of fertility in the absence of formal measures of fertility such as crude birth rate and total fertility rate.

Table 3.7: BIRTH ORDER

Percentage distribution of births during three years preceding the survey by birth order by selected background characteristics, Karnataka, 2002-04

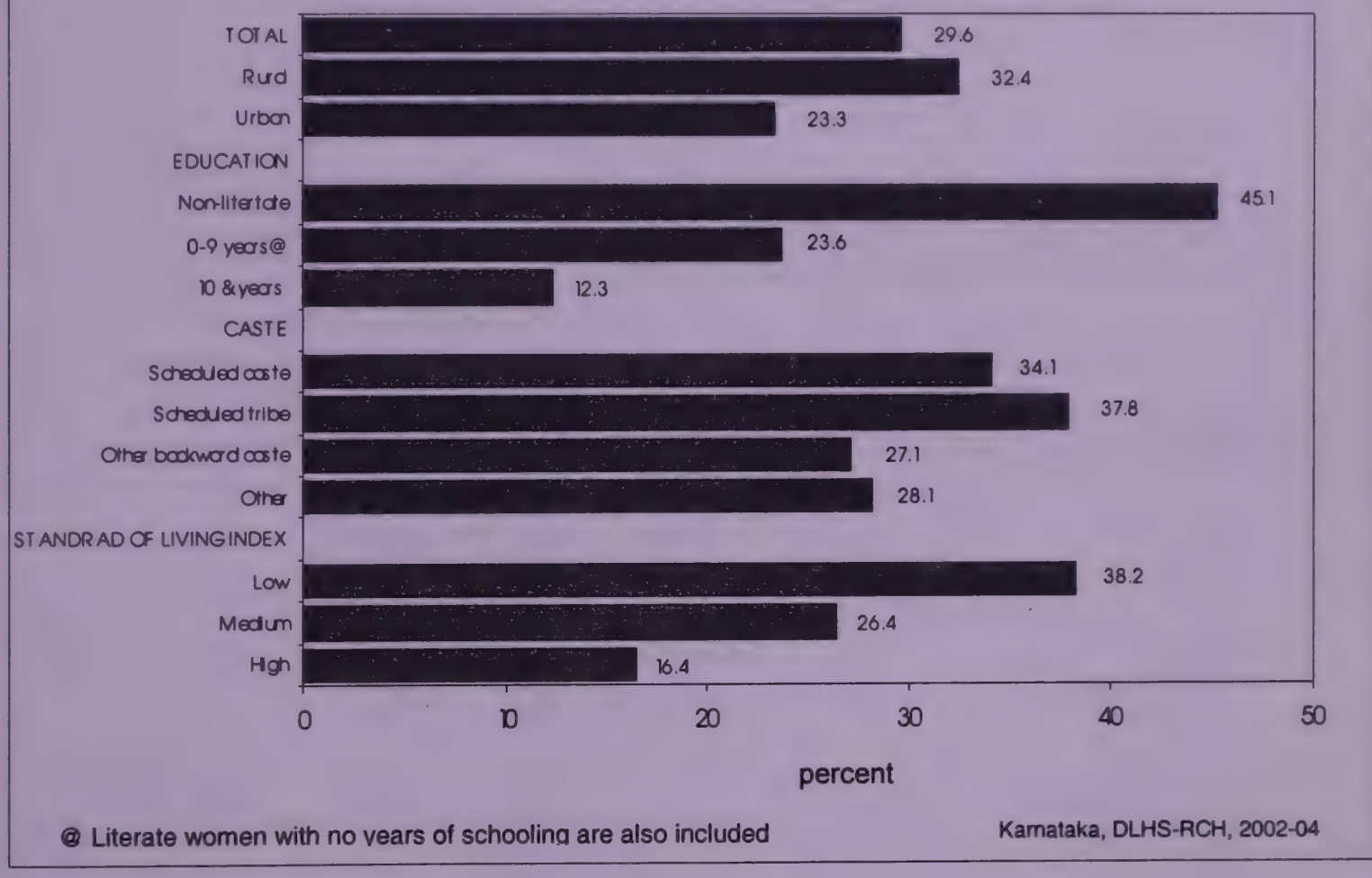
Background characteristics	Birth order				Total per centage	Number of births
	1	2	3	4+		
Age of women						
15-19	69.6	25.3	4.9	0.2	100.0	1,283
20-24	40.6	36.7	16.1	6.6	100.0	3,598
25-29	24.4	34.2	21.5	20.0	100.0	2,163
30-34	13.1	28.3	19.0	39.6	100.0	678
35-39	9.4	22.8	17.6	50.2	100.0	228
40-44	7.9	15.6	15.0	61.5	100.0	55
Place of residence						
Rural	35.2	32.3	17.1	15.3	100.0	5,523
Urban	42.3	34.4	13.6	9.7	100.0	2,481
Education (Years of schooling)						
Non-literate	26.9	28.0	21.0	24.1	100.0	3,290
0-9 years@	39.8	36.6	15.1	8.5	100.0	2,711
10 years & above	51.5	36.2	9.1	3.2	100.0	2,002
Religion						
Hindu	37.9	33.5	15.9	12.7	100.0	6,600
Muslim	33.0	28.5	18.1	20.3	100.0	1,205
Christian	46.3	38.8	10.3	4.6	100.0	144
Jain	(53.8)	(41.0)	(2.6)	(2.6)	100.0	49
Caste/tribe #						
Scheduled caste	37.1	28.8	17.5	16.6	100.0	1,595
Scheduled tribe	34.0	28.2	18.1	19.7	100.0	715
Other backward class	37.9	35.1	14.9	12.2	100.0	3,808
Other	38.3	33.7	16.5	11.6	100.0	1,809
Standard of living index						
Low	31.5	30.3	18.8	19.4	100.0	3,550
Medium	39.1	34.5	15.3	11.1	100.0	2,873
High	47.6	35.9	11.2	5.2	100.0	1,581
Total	37.4	32.9	16.0	13.6	100.0	8,004

Note: The table includes 1 birth with missing information on mother's education and 7 cases with other religions have not been shown separately. # Total number of births may not add up to N due to 'don't know' and missing cases. ( ) Based on less than 50 unweighed cases.

A little more than one-third or 37 per cent of the births in the three years period preceding the survey were of first order, 33 per cent of them second order and the remaining about 30 per cent were of 3 and higher order births in Karnataka state. By current age of eligible women, more than 50 per cent of births to women in the age group 35-39 years and 40-44 years were of 4 and higher order births. For women in age 15-19 years, around 70 per cent of the births were of first order and 25 per cent were of second order births. While in the case of eligible women in urban areas, 23 per cent was of 3 and higher order births, whereas the proportion of birth order 3 and more constituted 32 per cent among rural women. This indicated that higher order births were more concentrated in rural areas. Of the total births among illiterate women, 45 per cent were of 3 and higher order births, followed by 24 per cent among women with 0-9 years of schooling and 12 per cent among women who had 10 or more years of schooling. In short, births that occurred to illiterate women were more of higher order, whereas births occurred to women who had completed 10 or more years of schooling were more of lower order. Looking at the

differentials by religion in birth order distribution, it was observed that 38 per cent of births among Muslim women were of 3 and higher order births. The birth order of 3 and higher constituted 29 per cent and 15 per cent, respectively for Hindu and Christian women. The occurrence of 3 and higher order births were higher among scheduled tribes (38 per cent) than among scheduled castes (34 per cent), other backward classes (27 per cent) and other general castes (28 per cent) women. Classified by household standard of living index, birth order 3 and more were 16 per cent, 26 per cent and 38 per cent for women belonging to high, medium and low standard of living households, respectively.

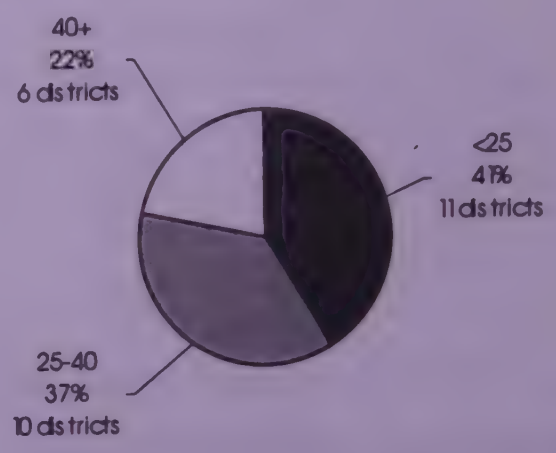
Figure 3.1
Birth Order 3 & above by selected Background Characteristics



3.8 Birth Order by Districts

Table 3.8 and Figure 3.2 show the births order distribution by districts in Karnataka. The proportion of 3 and higher order births varied from the lowest of 12 per cent in Bangalore Urban and Hassan districts to the highest of 51 per cent in Gulbarga and Koppal districts. The districts that could be considered as having lower proportion of births of order 3 and more were Bangalore Urban (12 per cent), Chikmagalur (18 per cent), Hassan (12 per cent), Mandya (15 per cent) and Mysore (20 per cent). Similarly, the districts which could be considered as having higher proportion of births of order 3 and more were Bagalkot (35 per cent), Belgaum (33 per cent), Bellary (42 per cent), Bidar (45 per cent), Bijapur (42 per cent), Dharwad (34 per cent), Gadag (31 per cent), Gulbarga (51 per cent), Haveri (33 per cent), Koppal (51 per cent) and Raichur (49 per cent). The remaining districts could be considered falling midway between these districts with respect to occurrence of births of order 3 and more.

Figure 3.2
Birth Order 3 & Above by Districts



Karnataka DLHS-RCH, 2002-04

Table 3.8: BIRTH ORDER BY DISTRICT

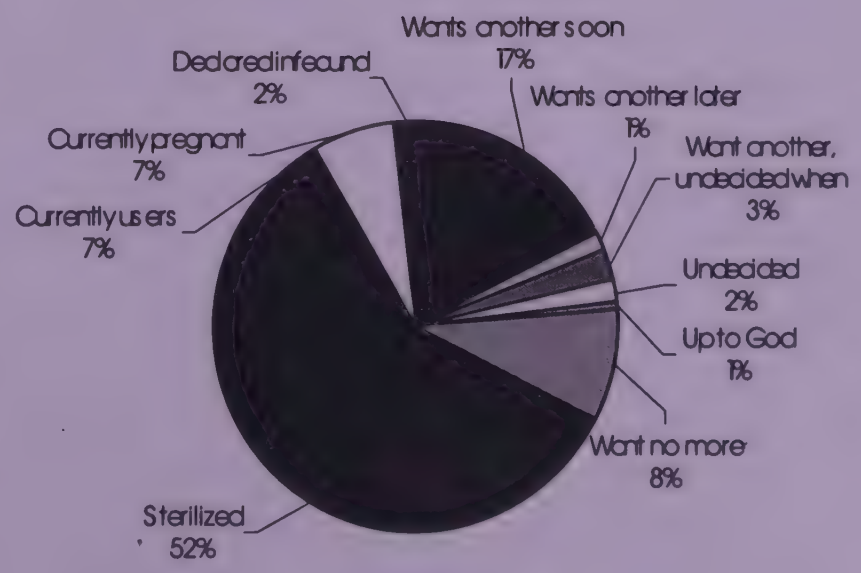
Percentage distribution of births during three years preceding the survey by birth order, according to districts, Karnataka, 2002-04

District	Birth order			
	1	2	3	4+
Bagalkot	33.9	31.2	22.2	12.7
Bangalore Urban	49.9	37.9	10.0	2.2
Bangalore Rural	39.0	39.5	13.0	8.5
Belgaum	32.5	34.6	18.2	14.7
Bellary	33.3	25.0	20.0	21.7
Bidar	30.1	24.4	19.7	25.7
Bijapur	30.2	28.2	20.8	20.9
Chamarajanagar	39.3	39.0	15.0	6.7
Chikmagalur	42.7	39.8	13.0	4.6
Chitradurga	39.1	34.6	15.3	11.0
Dakshina Kannada	33.4	38.9	17.1	10.6
Davanagere	42.6	33.4	15.4	8.6
Dharwad	33.4	32.8	19.5	14.3
Gadag	36.0	32.7	20.5	10.8
Gulbarga	25.4	23.5	19.5	31.6
Hassan	53.0	34.9	9.4	2.6
Haveri	32.4	34.2	20.0	13.5
Kodagu	45.8	34.2	9.5	10.5
Kolar	37.3	36.8	13.0	12.9
Koppal	25.4	24.0	22.9	27.7
Mandya	51.0	34.3	8.4	6.3
Mysore	42.1	38.1	12.9	6.9
Raichur	26.2	25.2	18.4	30.2
Shimoga	35.1	39.1	17.7	8.0
Tumkur	43.3	35.1	12.4	9.2
Udupi	48.4	32.9	13.9	4.7
Uttara Kannada	40.9	32.7	15.7	10.8
Karnataka	37.4	32.9	16.0	13.6

3.9 Fertility Preferences

The distribution of currently married women desiring additional children and preferred sex of additional children by number of living children of the women have been given in Table 3.9 and Figure 3.3. Out of the 2,658 women with no living child, 21 per cent was currently pregnant and 1 per cent was using spacing methods, while 64 per cent wanted to have a child within two years, 1 per cent wanted to have a child after two years, 4 per cent was undecided about the timing of birth of the child and 2 per cent desired not to have a child. The women's desire for additional children dwindled down with increasing number of living children. It may be noted that about 17 per cent of the women with one living child were using spacing methods, 36 per cent of them wanted an additional child within two years, 5 per cent wanted it after two years, 7 per cent were undecided about the timing of the next child, 10 per cent wanted no more additional children and 7 per cent had been sterilized. The use of permanent as well as temporary methods of contraception tended to increase with increasing number of living children. Out of the total 22,655 currently married women surveyed in Karnataka, 18 per cent desired to have additional child within two years, 1 per cent desired it after two years, 9 per cent wanted no more children, 7 per cent were currently pregnant and 59 per cent were using either terminal or temporary contraceptive methods. A total of 5,385 women wanted additional children irrespective of the number of living children they had. Out of the 1,947 women who had no living children at the time of survey and desired children, around 19 per cent wanted a boy to be their first child, about 4 per cent desired a girl to be their first child, for 43 per cent the sex of the child was immaterial and 35 per cent left it to God. With increasing number of living children, the male child was predominant preferred sex of the next child although a sizeable proportion of women desiring additional children felt that sex of the child was immaterial for them.

Figure 3.3
Fertility Preference



Karnataka DLHS-RCH, 2002-04

Table 3.9: FERTILITY PREFERENCE
Percentage distribution of currently married women by desire for children, according to number of living children, Karnataka, 2002-04

Desire for children	Number of living children					Total
	0	1	2	3	4+	
Desire for additional child						
Wants another soon[1]	63.7	35.7	8.8	5.0	2.9	17.8
Wants another later[2]	0.9	4.7	0.9	0.8	0.4	1.4
Want another, undecided when	4.1	6.8	1.9	0.9	0.5	2.5
Undecided	3.0	3.3	1.1	0.6	0.6	1.5
Up to God	1.6	1.0	0.2	0.3	0.4	0.6
Want no more	1.8	9.5	9.2	6.7	12.6	8.6
Sterilized	0.4	6.9	65.2	78.7	75.1	52.5
Currently users[3]	1.3	16.6	8.6	3.2	2.9	6.8
Currently pregnant	20.9	13.5	3.1	2.3	1.4	6.5
Declared infecund	2.3	1.9	0.9	1.5	3.3	1.8
Missing	0.1	0.0	0.1	0.1	0.0	0.0
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,658	3,861	6,711	4,747	4,678	22,655
Preferred sex of additional children						
Boy	18.5	28.6	43.6	50.7	57.6	30.1
Girl	3.7	14.6	15.9	12.3	11.2	10.6
Doesn't matter	42.7	33.8	22.3	20.2	15.2	33.5
Up to God	35.1	23.0	18.2	16.8	16.0	25.9
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,947	1,990	865	359	223	5,385

Note: [1] Wanted next birth within 2 years. [2] Wanted to delay next birth for 2 or more years. [3] Other than sterilization.

3.10 Pregnancy Outcomes

Table 3.10 has provided the data on the distribution of pregnancy outcomes including live births, still-births, induced abortions and spontaneous abortions by districts in Karnataka. For the state as a whole 93 per cent of the pregnancies ended in live births, around 2 per cent in induced abortions, about 4 per cent in spontaneous abortions and 2 per cent in still-births. Marginally, a higher proportion of pregnancies in rural areas ended in live births (93 per cent) than in urban areas (92 per cent), while the incidence of induced abortions was comparatively a little higher in urban areas (3 per cent) than in rural areas (1 per cent). The proportion of pregnancies ending in live births varied from 90 per cent in the districts of Bijapur, Chikmagalur, Chitradurga and Gadag, to 99 per cent in Udupi district. Apart from Bijapur, Chikmagalur, Chitradurga and Gadag, the districts that could be considered as having comparatively lower proportion of pregnancies ending in live births were Bangalore rural, Bangalore urban, Bellary, Chamarajnagar, Davanagere, Haveri, Kodagu and Tumkur with 91, 92, 91, 91, 92, 92, 92 and 91 per cent of the pregnancies ending in live births in these districts, respectively. Dakshina Kannada, Dharwad, Gulbarga and Shimoga were the four other districts with 95 or higher percentage of pregnancies ending in live births besides Udupi district. The incidence of still-births was highest in Chitradurga and Davanagere districts (5 per cent each) followed by Bellary,

Dharwad, Gadag, Haveri and Mysore districts (3 per cent each) and nil in Bangalore Urban and Udupi districts. The proportion of induced abortions was relatively higher in the districts of Bangalore urban (3 per cent), Bangalore rural (3 per cent), Chikmagalur (4 per cent) and Kodagu (3 per cent) in comparison with other districts. The proportion of spontaneous abortions was lowest in Raichur and Udupi districts (1 per cent each) and highest in Chamarajnagar and Gadag districts (6 per cent each) for the state. Notably, Bangalore urban rural districts had comparatively somewhat higher incidence of induced and spontaneous abortions.

Table 3.10: OUTCOMES OF PREGNANCY

Percentage distribution of all pregnancies of currently married women aged 15-44 years by their outcomes three year preceding the survey, according to districts, Karnataka, 2002-04

Districts	Live birth	Still-birth	Induced abortion	Spontaneous abortion	Missing	Total per centage
State-Rural	93.3	2.3	0.8	3.5	0.0	100.0
State-Urban	92.1	1.0	2.8	3.9	0.2	100.0
State-Total	93.0	1.9	1.5	3.6	0.1	100.0
Bagalkot	93.9	1.8	0.3	4.0	0.0	100.0
Bangalore Rural	91.1	2.2	3.0	3.7	0.0	100.0
Bangalore Urban	92.2	0.0	3.3	4.5	0.0	100.0
Belgaum	92.8	1.3	1.2	4.7	0.0	100.0
Bellary	90.5	2.9	2.2	4.4	0.0	100.0
Bidar	94.2	2.1	0.6	3.0	0.1	100.0
Bijapur	90.4	2.5	1.7	5.0	0.3	100.0
Chamarajanagar	91.0	2.3	0.4	6.2	0.0	100.0
Chikamagalur	90.0	1.4	3.5	5.1	0.0	100.0
Chitradurg	90.0	5.0	1.4	3.4	0.2	100.0
Dakshina Kannada	95.3	1.6	0.7	2.0	0.4	100.0
Davanagere	91.6	4.5	0.7	3.2	0.0	100.0
Dharwad	95.8	2.5	0.0	1.8	0.0	100.0
Gadag	90.2	2.9	1.1	5.7	0.0	100.0
Gulbarga	95.1	1.7	0.7	2.2	0.2	100.0
Hassan	93.5	1.2	0.4	5.0	0.0	100.0
Haveri	91.6	3.2	0.9	4.3	0.0	100.0
Kodagu	91.8	0.4	2.8	4.5	0.5	100.0
Kolar	92.8	2.0	2.4	2.8	0.0	100.0
Koppal	94.1	2.2	0.4	3.3	0.0	100.0
Mandya	93.7	1.3	2.2	2.7	0.0	100.0
Mysore	92.8	3.1	0.7	3.3	0.0	100.0
Raichur	94.2	2.1	2.3	0.9	0.5	100.0
Shimoga	95.7	0.8	0.6	2.9	0.0	100.0
Tumkur	91.4	2.4	1.6	4.6	0.0	100.0
Udupi	99.0	0.0	0.0	1.0	0.0	100.0
Uttara Kannada	93.7	1.3	1.5	3.4	0.0	100.0

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CHAPTER IV

MATERNAL HEALTH CARE

Provisions of maternal health care services to ensure safe motherhood is one of the major components of the Reproductive and Child Health (RCH) programme. The RCH programme services for antenatal care, includes at least three antenatal care visits, iron prophylaxis for pregnant and lactating women, at least one dose of tetanus toxoid vaccine, detection and treatment of anaemia in mothers, and management and referral of high-risk pregnancies, natal care, that is encouragement of safe delivery, postnatal care, and management of unwanted pregnancies. In rural areas, the government delivers reproductive health and other health services through its network of Sub-Centres (SCs), Primary Health Centres (PHCs) and other health facilities. In addition, pregnant women and children can get services from private maternity homes, hospitals, private practitioners, and in some case non-governmental organisations (NGOs) and trust hospitals. In urban areas, reproductive health services are available mainly through government or municipal hospitals, Urban Health Posts (UHPs), Urban Family Welfare Centres (UFWCs), hospitals and nursing homes operated by NGOs, and private nursing and maternity homes.

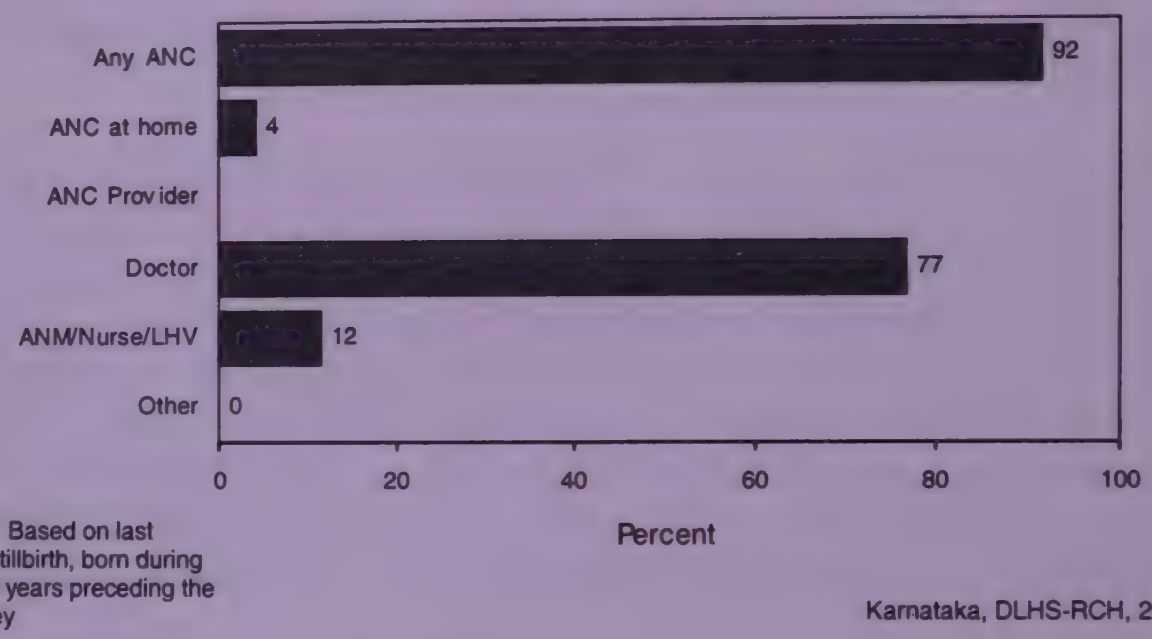
The National Population Policy (NPP), 2000, adopted by the Government of India (Ministry of Health and Family Welfare, 2000) reiterates the Government's commitments to the safe motherhood programme within the wider context of reproductive health. Among the national socio-demographic goals for 2010 specified by the policy, several goals pertain to safe motherhood, that 80 per cent of all deliveries should take place in institutions by 2010, hundred per cent deliveries should be attended by trained personnel, and the maternal mortality ratio should be reduced to a level below 100 per 100,000 live births. Empowering women for improved health and nutrition is one of the 12 strategic themes identified in the policy to be pursued either as stand-alone programmes or as intersectoral programmes.

In DLHS-RCH Phase-I, to all the eligible women who had their last pregnancy after January 1, 1999, a separate section on the status of maternal health and utilisation of maternal health care services was canvassed. In Phase-II, the same section was canvassed to all the eligible women who had their last pregnancy after January 1, 2001. The women whose last pregnancy terminated into live/stillbirth were asked about the details of antenatal, natal and postnatal care they received; pregnancy, delivery and post-delivery complications they suffered from and the treatment seeking behaviour in the case of complications. Women whose last pregnancy terminated into abortion, either spontaneous or induced, were asked about the utilisation of safe abortion services and the post-abortion complications they experienced. This chapter has presented information on antenatal, natal and postnatal care received by women whose last pregnancy had terminated during the three years preceding the survey as live birth or as stillbirth.

4.1 Antenatal Check-ups

Women who had given birth during the three years preceding the survey were asked whether they had gone for antenatal check-ups outside the home, and if they had, what type of service provider had given them the check-ups. They were also asked whether any health worker had visited them at home to provide antenatal check-ups. Table 4.1 and Figure 4.1 have presented the percentage of women who had given birth during the three years preceding the survey, and information regarding the antenatal check-ups they had by source of antenatal check-ups according to some selected background characteristics. Results showed that nine out of every ten women received antenatal check-ups during the three years preceding the survey, slightly more than RCH Round I (84 per cent). Seventy-seven per cent of the women received antenatal check-ups from doctors, and 12 per cent from ANM/Nurse/LHV. Only four per cent of the women received antenatal check-ups at the doorstep from the ANMs or health worker.

Figure 4.1
Source of Antenatal Care



Note: Based on last live/stillbirth, born during three years preceding the survey

Karnataka, DLHS-RCH, 2002-04

Antenatal check-ups were more common among younger women age below 35 years than among older women, and it was more common among those women who had given their first birth. The percentage of women who received antenatal check-up was comparatively higher in urban areas (97 per cent) than in rural areas (89 per cent), and the percentage of women who received antenatal check-ups from doctors was much higher in urban areas (92 per cent) than in rural areas (69 per cent), and on the other hand, 15 per cent of the rural women received antenatal check-ups from auxiliary nurse midwife, nurse or LHVs, the same for women in urban areas was 5 per cent. Eighty-two per cent of non-literate women received antenatal check-ups, nearly all women (99 per cent) who had completed high school received antenatal check-ups for their last pregnancy that terminated into births (either live or still-birth) during the three years preceding the survey. The proportion of women who received antenatal check-ups from a doctor, increased steadily with the level of education and the

Table 4.1: ANTENATAL CHECK-UP

Percentage of women* who received any antenatal check-up (ANC) during pregnancy by source of antenatal provider, according to selected background characteristics, Karnataka, 2002-04

Background characteristic	Any [1] antenatal check-up	Antenatal check-up only at home by ANM	Health personnel providing ANC[2]				Number of women
			Doctor	ANM/ Nurse/ LHV	Other health professional	Other[3]	
Age group							
Less than 20 years	90.6	4.2	71.8	14.6	0.1	0.1	1,117
20-34 years	92.1	3.9	78.0	11.0	0.2	0.1	6,173
35 years & above	82.4	5.8	65.7	11.8	0.0	0.0	307
Children ever born							
1	96.6	1.3	86.2	9.6	0.0	0.1	2,551
2	94.6	2.5	80.7	12.1	0.2	0.1	2,570
3	87.7	7.0	68.4	13.2	0.2	0.3	1,308
4+	77.2	10.7	54.3	13.3	0.1	0.1	1,121
Residence							
Rural	88.9	5.8	69.3	14.7	0.2	0.1	5,163
Urban	96.8	0.4	92.0	5.1	0.1	0.1	2,434
Education							
Non-literate	82.3	8.1	59.2	15.7	0.1	0.1	3,114
0-9 years@	96.8	1.7	84.1	12.1	0.2	0.2	2,505
10 years & above	99.1	0.6	94.4	4.6	0.1	0.0	1,977
Religion							
Hindu	91.1	4.4	75.2	12.3	0.1	0.1	6,258
Muslim	92.0	2.7	81.2	8.6	0.2	0.2	1,143
Jain	100.0	0.0	99.0	4.5	0.0	0.0	53
Other	99.4	1.2	91.7	7.7	0.0	0.0	138
Caste/tribe#							
Scheduled caste	88.2	4.5	68.5	16.1	0.2	0.2	1,499
Scheduled tribe	84.6	7.4	61.4	16.3	0.4	0.2	677
Other backward class	92.6	3.9	79.7	9.7	0.1	0.1	3,610
Other	94.7	2.6	82.7	10.1	0.1	0.2	1,740
Standard of living index							
Low	85.4	6.8	62.3	16.8	0.1	0.1	3,306
Medium	94.3	2.6	83.1	9.9	0.2	0.1	2,675
High	99.1	0.7	94.9	3.9	0.2	0.1	1,616
Availability of health facility[4] in the village							
No	87.8	6.5	68.5	13.6	0.1	0.1	2,861
Yes	90.3	4.9	70.3	16.0	0.3	0.2	2,302
Total	91.5	4.1	76.6	11.6	0.1	0.1	7,597

Note: * Women who had their last live/stillbirth since 1-1-1999/1-1-2001. Total included 45 women with zero parity and 5 with missing information on education who were not shown separately.[1] Antenatal check-ups either at home or outside from home at health facility. [2] Antenatal check-ups outside home and percentage add more than 100.0 due to multiple responses. [3] Other also included trained and untrained *dai* . # Total figure may not add to N due to do not know and missing cases. @ Literate women with no years of schooling were also included. [4] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

standard of living index. Fifty-nine per cent of non-literate women as compared to 94 per cent having education of more than 10 years received ANC from doctors. Similarly, 62 per cent of the women belonging to households with a low standard of living as against 95 per cent from a high standard of living fell in this category. The proportion of Hindu women who received antenatal check-ups from doctors (75 per cent) was much lower than that of Jain women (99 per cent), Muslim (81 per cent), and women from 'other' religion (92 per cent). Eighty-three per cent of the women from 'other castes' category received antenatal check-ups from doctors, while it was 80 per cent for other backward classes women, 69 per cent for scheduled caste women, and 61 per cent for women from scheduled tribe. Women from scheduled tribes were more likely to receive antenatal check-ups from auxiliary nurse midwives, or LHVs.

Sixteen per cent of both among scheduled tribe and scheduled caste women received antenatal check-ups from ANMs, while it was 10 per cent for women from among both other backward classes and 'other' castes categories.

4.2 Antenatal Check-Ups at Health Facility

DLHS-RCH asked women who had a birth during the three years preceding the survey whether women had received antenatal check-ups, and if they had, from where did they avail such services.

Table 4.2 has shown the percentage of women who had received antenatal check-ups during pregnancy by place. During pregnancy, women received antenatal check-ups from multiple sources such as, health workers providing ANC at home, Government health facility, private health facility, and at Indian System of medicine etc. Women who received antenatal check-ups both at home and outside the home were categorised as having received care outside the home. Around 37 per cent of the women received antenatal check-ups at Government health facility, including 9 per cent through primary health centre and 3 per cent through sub-centre, and 43 per cent at a private health facility. Other than this, less than one per cent of the women reported that they had received antenatal check-ups at the Government Indian system of medicine, and 5 per cent at private Indian system of medicine. As mentioned above women availed antenatal check-ups from multiple sources. Women who were visited by an ANM might have also visited government and/ or private health facilities including Indian system of medicine.

Younger women were more likely to receive antenatal-check-ups at government health facilities (43 per cent) than older women 36 per cent for age 20-34 and 28 per cent for age 35 and above. Thirty-nine per cent of the women from rural areas availed government health facilities for antenatal check-ups that were much higher than women in urban areas (32 per cent), and a high proportion of women (56 per cent) from urban areas availed private health facilities for antenatal check-ups than women from rural areas (37 per cent). It may be mentioned that about twelve per cent of the women from rural areas and younger women aged below 20 years (13 per cent) received antenatal check-ups at primary health centre. This indicated that the services were reaching the target population, particularly through the public sector. A comparatively high proportion of women who received antenatal check-ups at Government health facilities were literate women with 0-9 years of schooling.

Table 4.2: PLACE OF ANTENATAL CHECK-UP

Percentage of women* who received any antenatal check-ups (ANC) during pregnancy by source and place of antenatal check-ups, according to selected background characteristics, Karnataka, 2002-04

Background characteristic	Antenatal check-up only at home	Place of antenatal check-ups[1]							Number of women
		Govern-ment[2] health facility	Private[3] health facility	ISM[4] facility					
				PHC	SC	Govt.	Private	Other	
Age group									
Less than 20 years	4.2	43.0	37.2	13.3	4.1	0.5	3.8	0.6	1,117
20-34 years	3.9	36.2	43.9	7.6	2.4	0.5	5.3	0.8	6,173
35 years & above	5.8	28.1	42.3	9.2	2.8	0.0	4.9	1.8	307
Children ever born									
1	1.3	33.6	53.5	5.7	1.9	0.4	6.0	0.4	2,551
2	2.5	41.1	42.5	9.3	2.3	0.7	5.5	0.8	2,570
3	7.0	38.6	35.5	11.7	3.8	0.1	3.4	0.8	1,308
4+	10.7	32.2	28.8	10.5	4.9	0.1	2.7	1.9	1,121
Residence									
Rural	5.8	39.1	36.7	11.9	3.9	0.4	3.7	1.0	5,163
Urban	0.4	32.1	56.0	2.4	0.4	0.6	7.5	0.4	2,434
Education									
Non-literate	8.1	39.3	28.5	12.7	5.0	0.1	2.9	1.3	3,114
0-9 years @	1.7	45.4	43.1	8.5	2.3	0.5	4.0	0.4	2,505
10 years & above	0.6	22.1	65.3	3.6	0.5	0.9	8.8	0.5	1,977
Religion									
Hindu	4.4	37.0	42.0	9.2	2.9	0.5	4.6	0.8	6,258
Muslim	2.7	37.1	46.4	5.8	1.6	0.1	5.9	0.5	1,143
Christian	1.2	35.2	51.8	6.5	3.4	0.0	10.7	0.5	138
Jain	0.0	20.8	49.4	1.0	0.0	0.0	22.5	0.0	53
Caste/tribe#									
Scheduled caste	4.5	48.5	28.2	10.8	4.3	0.2	3.8	0.8	1,499
Scheduled tribe	7.4	41.7	28.7	14.3	6.0	0.2	3.7	1.2	677
Other backward class	3.9	34.0	46.6	7.3	1.9	0.5	4.8	0.8	3,610
Other	2.6	31.3	52.7	7.4	1.9	0.6	6.9	0.5	1,740
Standard of living index									
Low	6.8	43.6	27.4	14.0	4.9	0.1	3.1	1.2	3,306
Medium	2.6	38.4	47.3	6.3	2.0	0.5	4.7	0.5	2,675
High	0.7	20.6	67.3	3.0	0.1	0.9	8.7	0.4	1,616
Availability of health facility[5] in the village									
No	6.5	37.5	36.5	9.0	3.2	0.5	3.1	1.1	2,861
Yes	4.9	41.2	36.9	15.3	4.8	0.2	4.4	0.7	2,302
Total	4.1	36.9	42.9	8.5	2.7	0.5	5.1	0.8	7,597

Note: The table total includes 47 women with zero parity, 1 woman with missing information on education and 6 women from other religion who were not shown separately. @ Literate women with no years of schooling were also included.

* Women who had their last live/stillbirth since 1-1-1999/1-1-2001.

Total figure may not add to N due to 'do not know' and 'missing cases'.

[1]Antenatal check-ups outside home and percentage add more than 100.0 due to multiple responses. [2] Included sub-centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary. [3] Included Private hospital/clinic or non-governmental hospital/ trust hospital or clinic. [4] Indian system of medicine. [5] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

4.3 Antenatal Check-Ups by District

Table 4.3 has indicated the antenatal coverage in Karnataka that ranged from the highest of 100 per cent in Dakshina Kannada, Udupi and Bangalore Urban to the lowest of 70 per cent in Raichur. Almost all districts, except Raichur, 80 per cent or more women got some kind of antenatal check-ups for their last births during the three years preceding the survey. Antenatal check-ups received from the doctors were low in Raichur (48 per cent) and in all the remaining districts more than half of the women received antenatal check-ups from the doctor and it was highest both in Dakshina Kannada and Bangalore Urban (97 per cent) followed by Udupi (96 per cent) and Mandya (94 per cent). In about 4 districts, about 20 per cent or more women received antenatal check-ups by ANM/Nurse/LHV and in 13 districts it was below 10 per cent.

The extent of utilisation of government health facilities for antenatal check-ups was lower than that of private health facilities. The range of antenatal check-ups coverage through government facilities was highest in Chamarjanagar (65 per cent) to the lowest of 7 per cent in Uttara Kannada, and in four districts Belgaum, Dakshina Kannada, Bangalore Urban and Bijapur more than half of the women visited private health facilities. In Karnataka, 20 per cent pregnant women in Udupi district availed the Indian system of medicine (either government or private) for an antenatal check-up. In 4 out of 27 districts, more than 10 per cent of the women availed such services through the Indian system of medicine.

Table 4.3: ANTENATAL CHECK-UPS BY DISTRICT

Percentage of women* who received any antenatal care (ANC), by source and place of antenatal check-ups by district, Karnataka, 2002-04

District	Any [1] antenatal check-up	Antenatal check-up only at home by ANM	Health personnel providing ANC		Place of antenatal check-ups		
			Doctor	ANM/ Nurse	Govern-ment [2] health facility	Private[3] health facility	ISM[4] facility
Bagalkot	88.0	8.8	59.8	20.2	23.9	49.5	7.5
Bangalore Urban	99.5	0.0	96.7	3.2	38.0	52.4	9.6
Bangalore Rural	92.8	0.5	81.0	13.1	41.1	49.4	1.8
Belgaum	95.6	3.7	76.2	17.3	8.0	60.5	0.4
Bellary	79.9	3.7	58.7	17.8	43.4	32.2	2.6
Bidar	87.3	8.5	70.5	8.1	26.9	47.8	1.5
Bijapur	84.1	4.8	64.1	15.6	25.3	51.8	2.9
Chamarajanagar	96.3	0.4	81.8	16.0	64.5	32.2	0.7
Chikmagalur	98.3	1.9	84.5	12.8	27.2	38.0	2.9
Chitradurga	92.7	4.9	83.1	4.8	53.4	34.9	2.9
Dakshina Kannada	99.7	0.5	97.0	2.8	30.6	60.1	11.2
Davanagere	94.0	5.5	67.2	22.8	60.4	18.1	11.1
Dharwad	95.4	5.0	88.7	2.2	44.4	45.6	1.1
Gadag	85.0	5.9	68.8	10.6	34.1	43.1	2.9
Gulbarga	80.0	9.3	67.0	4.8	15.8	49.3	4.4
Hassan	98.7	1.7	89.9	7.5	52.2	44.0	3.3
Haveri	89.6	1.1	60.4	29.9	43.0	45.4	1.8
Kodagu	99.1	4.4	91.3	5.7	60.0	34.7	1.5
Kolar	94.4	0.4	72.2	22.8	60.0	30.4	3.3
Koppal	81.1	13.4	60.4	7.5	19.4	42.1	4.5
Mandya	97.4	0.0	94.1	3.3	59.8	36.4	1.9
Mysore	95.6	1.8	79.7	16.3	64.1	22.3	10.0
Raichur	69.7	12.8	48.4	9.2	21.3	30.9	2.0
Shimoga	97.7	0.5	83.8	13.4	43.6	48.3	5.9
Tumkur	94.2	2.4	82.2	10.0	48.8	42.5	1.9
Udupi	99.6	0.0	96.2	2.5	39.0	40.8	19.8
Uttara Kannada	98.8	0.7	89.1	8.7	6.8	46.4	10.8
Karnataka	91.5	4.1	76.6	11.6	36.9	42.9	4.8

Note: * Women who had last live/stillbirth during three years preceding the survey. [1] Antenatal check-ups either at home or health facility. [2] Included sub-centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary. [3] Included Private hospital/clinic or non-governmental hospital/ trust hospital or clinic. [4] Either government or private Indian system of medicine.

4.4 Components of Antenatal Check-Ups

Women who received any kind of antenatal checkups were asked whether they received each of the several components of antenatal check-ups at least once during their pregnancy. Table 4.4 has provided the percentage of women who received specific components of check-ups by residence. Except for X-rays (which were not recommended as a standard component of

antenatal care), all of the measurements and tests were part of essential obstetric care or were required for monitoring high-risk pregnancies.

Seventy-one per cent of the women were weighted, 78 per cent had their blood pressure checked, and 80 per cent had an abdominal examination as part of the antenatal check-ups. Other common components of antenatal check-ups were blood test (78 per cent), urine test (76 per cent), the measurement of height (47 per cent), internal examination (51 per cent), and breast examination (48 per cent). About 38 per cent of the women had a sonogram or ultrasound, 8 per cent had an X-ray and only four per cent of women reported that they had amniocentesis test. All of these measurements or producers were performed more often during antenatal check-ups in urban areas than in rural areas.

The type of advice received by women who had antenatal check-ups for the last live/stillbirths during three years preceding the survey was also be presented in Table 4.4. Advice on diet was given to 79 per cent of urban women as compared to 66 per cent of rural women and 71 per cent, in general. Fifty-five per cent of the women received advice on delivery care, 52 per cent on danger signs of pregnancy, and 50 per cent on breast-feeding. Women were less likely to receive advice on newborn care (46 per cent). Advice on family planning was given to 28 per cent of rural women and 40 per cent of urban women.

Table 4.4: COMPONENTS OF ANTENATAL CHECK-UPS

Percentage of women* who received antenatal check-up by specific components of antenatal check-up, according to residence, Karnataka, 2002-04

Components of antenatal check-ups	Total	Rural	Urban
Antenatal measurements/tests			
Weight measured	71.3	63.5	86.4
Height measured	47.0	39.8	60.9
Blood pressure checked	77.6	71.1	90.1
Blood tested	77.7	70.6	91.5
Urine tested	76.3	68.9	90.7
Abdomen examined	79.5	74.4	89.3
Internal examined	50.5	46.3	58.6
Breast examined	47.8	40.8	61.6
X-ray	8.0	8.1	8.0
Sonography /ultrasound	37.6	26.1	60.0
Amniocentesis	4.1	3.7	5.0
Antenatal advice			
Diet	70.7	66.3	79.3
Danger signs of pregnancy	52.4	46.0	64.8
Delivery care	54.7	48.6	66.6
Breast-feeding	50.4	44.8	61.1
New born care	45.5	39.3	57.5
Family planning	32.3	28.2	40.3
Number of women who received any antenatal check-up	6,948	4,591	2,358

Note: * Women who had their last live/stillbirth since 1-1-1999/1-1-2001.

4.5 Antenatal Care Services

In India, the Reproductive and Child Health Programme requires that all pregnant women should be registered in the first 12-16 weeks (Ministry of Health and Family Welfare, 1997). Accordingly, the first antenatal check-ups should take place at latest during the first trimester of the pregnancy. It also includes the provision of at least three antenatal care visits, of at least one tetanus toxoid injection, and supplementary iron in the form of IFA tablets daily for 100 days. To assess whether the women had received all the care during pregnancy, information was collected regarding the number of antenatal visits, timing of the first visit, received tetanus toxoid injection and supplement iron folic acid tablets. The results have been presented in Table 4.5. In Karnataka, 80 per cent of the women received at least three antenatal check-ups and 71 per cent had four or more check-ups. At least three antenatal check-ups were received by 89 per cent of the women in urban areas compared with 76 per cent of the women in rural areas. Number of visits for antenatal care varied by education, children ever born, religion, caste and standard of living index. Sixty-five per cent of non-literate, 87 per cent literate women (educated below high school) and 94 per cent of the women who had 10 or more years of schooling visited for a minimum three antenatal care. Parity of women was negatively associated with antenatal check-ups. About eighty per cent of the women with parity one received three antenatal check-ups compared to fifty per cent of the women with parity 4 and above.

Jain women (97 per cent) were more likely to have at least three visits for antenatal check-ups than Christian (88 per cent), Muslim women (82 per cent), and women from Hindu religions (79 per cent). Coverage was substantially lower for women from scheduled-tribes (69 per cent) than for women of other than scheduled tribe (75-84 per cent). Having three or more antenatal visits also increased with the standard of living, 70 per cent for women with a low standard of living, 84 per cent for women with a medium standard of living and 93 per cent for women with a high standard of living. Availability of health facility in the village did not make any difference to the minimum three visits for antenatal check-ups.

Data on timing of the first antenatal check-ups showed that about sixty-eight per cent of the women received their first antenatal check-up in the first trimester of pregnancy, and another 21 per cent received their first check-up in the second trimester, and 3 per cent of women received their first check-up in the third trimester. A relatively higher proportion of women in the urban areas (79 per cent) as compared to those in rural areas (63 per cent) had a check-up in the first trimester of pregnancy. The first antenatal check-up in the first trimester had steadily increased with education. Fifty-two per cent of non-literate women had undergone their first antenatal check-up in the first trimester, and 87 per cent of the women who had completed at least 10 years of schooling received their first antenatal check-up in the first trimester. More than seventy-six of the women with parity-1 were visited in first trimester and only forty-six per cent women with parity- four and above had undergone antenatal check-up in first trimester. Hindu women were less likely to go for first antenatal check-up in first trimester of their pregnancy as compared to Jain, Christian and women of Muslim religion, and fifty-six per cent of scheduled tribe women were visited in first trimester for first antenatal check-ups compared with 60 per cent to scheduled caste women, 70 per cent of other backward class women and 74 per cent women from 'other' castes category.

Table 4.5: ANTENATAL CARE

Percentage distribution of women who had live/stillbirths during three years preceding the survey by number of antenatal check-ups, the stage of pregnancy at the time of first check-up, the number of tetanus toxoid injections received and were given iron folic acid (IFA) tablets/syrup during pregnancy, and percentage who received full antenatal check-ups by some selected background characteristics, Karnataka, 2002-04

		Residence		Education			Children ever born			
Antenatal care indicators	Total	Rural	Urban	Non-literate	0-9 years@	10 years & above	1	2	3	4+
Number of ANC visits										
No visit	8.5	11.0	3.2	17.6	3.2	0.9	3.4	5.4	12.2	22.8
1	4.1	4.6	3.2	6.0	3.5	2.1	3.0	3.9	4.5	7.0
2	7.3	8.5	4.6	10.9	5.9	3.3	6.1	6.5	8.4	10.0
3	9.4	10.3	7.6	12.4	9.8	4.1	7.9	9.6	11.2	10.4
4+	70.7	65.6	81.4	53.0	77.6	89.7	79.7	74.5	63.6	49.7
Missing	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0
Stage of pregnancy at the time of the first antenatal check-up										
No antenatal check-up	8.5	11.0	3.2	17.6	3.2	0.9	3.4	5.4	12.2	22.8
First trimester	67.7	62.5	78.9	51.6	72.7	87.0	76.8	72.9	59.2	45.7
Second trimester	20.6	22.8	16.0	25.9	22.0	10.4	16.9	19.5	25.4	25.6
Third trimester	3.1	3.6	2.0	4.8	2.2	1.7	2.9	2.1	3.1	5.8
Missing	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0
Women who received TT										
No TT	12.9	15.7	6.8	23.6	6.1	4.5	8.5	9.5	14.3	28.7
1	6.1	7.1	4.1	8.0	6.1	3.3	4.8	5.1	8.1	9.3
2+	79.5	75.9	87.3	66.5	87.0	90.7	85.5	83.4	76.5	60.8
Do not remember/missing	1.4	1.3	1.8	1.9	0.9	1.4	1.2	1.9	1.1	1.2
Women who received IFA tablets/syrup										
No IFA/syrup	21.1	23.2	16.6	31.0	15.3	12.7	15.8	17.8	25.1	35.5
Received but not consumed	4.0	4.3	3.4	5.0	3.6	2.9	3.0	4.2	4.5	5.5
Consumed one IFA per day	48.6	46.8	52.2	41.7	54.3	52.0	48.7	52.6	46.9	40.6
Received 100+ IFA tablets/syrup	33.3	29.8	40.7	21.9	37.0	46.6	40.5	34.0	29.5	20.3
Percentage of women who received full [1] antenatal check-ups	29.9	26.5	37.1	18.5	34.2	42.2	36.8	30.6	26.4	17.2
Number of women	7,597	5,163	2,434	3,114	2,505	1,977	2,551	2,570	1,308	1,121

Note: Total included 47 women with zero parity and 1 with missing information on education who were not shown separately. @ Literate women with no years of schooling were also included. [1] At least three visits for antenatal check-ups, at least one TT injection received and were given adequate amount of IFA tablets/syrup.

Continued.....

Table 4.5: ANTENATAL CARE (contd)

Percentage distribution of women who had live/stillbirths during three years preceding the survey by number of antenatal check-ups, the stage of pregnancy at the time of first check-up, the number of tetanus toxoid injections received and iron and were given iron folic acid (IFA) tablets/syrup during pregnancy, and percentage who received full antenatal check-ups by some selected background characteristics, Karnataka, 2002-04

Antenatal care indicators	Religion				Caste#				Standard of living index			Availability of health facility[2] in the village	
	Hindu	Muslim	Christian	Jain	Scheduled caste	Scheduled tribe	Other backward class	Other	Low	Medium	High	No	Yes
Number of ANC visits													
No visit	8.8	8.0	0.6	0.0	11.7	15.4	7.4	5.3	14.6	5.6	0.8	12.1	9.6
1	4.4	3.2	2.2	0.0	4.9	5.7	4.1	3.0	5.7	3.7	1.8	4.9	4.1
2	7.3	7.1	8.9	2.7	8.1	9.5	6.7	7.2	9.4	6.6	4.0	9.0	7.9
3	9.5	9.2	8.8	4.1	12.0	12.5	8.0	8.7	11.7	9.7	4.2	10.7	9.7
4+	69.9	72.6	79.5	93.2	63.2	56.9	73.8	75.8	58.7	74.3	89.1	63.2	68.5
Missing	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0
Stage of pregnancy at the time of the first antenatal check-up													
No antenatal check-up	8.8	8.0	0.6	0.0	11.7	15.4	7.4	5.3	14.6	5.6	0.8	12.1	9.6
First trimester	67.2	69.0	74.6	87.2	60.1	55.5	70.1	74.1	55.5	71.7	86.2	60.9	64.5
Second trimester	20.7	20.6	17.2	11.2	24.3	25.9	19.3	18.1	25.8	19.9	11.1	23.3	22.1
Third trimester	3.1	2.4	7.6	1.5	3.8	3.2	3.2	2.4	4.1	2.7	1.8	3.6	3.7
Missing	0.1	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0
Women who received TT													
No TT	13.5	11.0	2.1	4.8	15.7	21.4	12.1	8.9	20.4	9.0	3.9	17.4	13.6
1	6.2	6.2	3.3	0.0	6.2	7.5	6.4	5.3	8.1	5.5	3.2	7.6	6.5
2+	78.9	81.2	94.0	82.9	76.8	69.8	80.1	84.4	70.0	84.1	91.5	73.9	78.4
Did not remember/missing	1.3	1.6	0.6	12.2	1.4	1.2	1.4	1.3	1.5	1.4	1.4	1.1	1.4
Women who received IFA tablets/syrup													
No IFA/syrup	20.8	23.7	8.6	31.0	21.5	27.9	21.4	17.3	26.7	19.0	13.0	24.8	21.2
Received but not consumed	4.0	4.2	3.3	0.0	5.2	4.6	3.4	3.9	4.8	3.6	3.0	4.6	3.8
Consumed one IFA per day	48.6	47.8	59.3	31.5	47.9	47.8	48.1	50.9	44.8	50.9	52.4	43.9	50.5
Received 100+ IFA tablets/syrup	33.4	31.0	45.5	42.0	30.7	21.4	35.4	35.7	26.4	33.5	47.2	29.2	30.6
Percentage of women who received full [1] antenatal check-ups	29.9	28.0	42.3	40.9	27.1	18.4	32.4	31.4	22.9	30.3	43.3	26.1	27.0
Number of women	6,258	1,143	138	53	1,499	677	3,610	1,740	3,306	2,675	1,616	2,861	2,302

Note: Total included 6 women another religion who were not shown separately. # Total figure may not add to N due to 'don't know' and missing cases.

[1] At least three visits for antenatal check-ups, at least one TT injection received and was given adequate amount of IFA tablets/syrup.

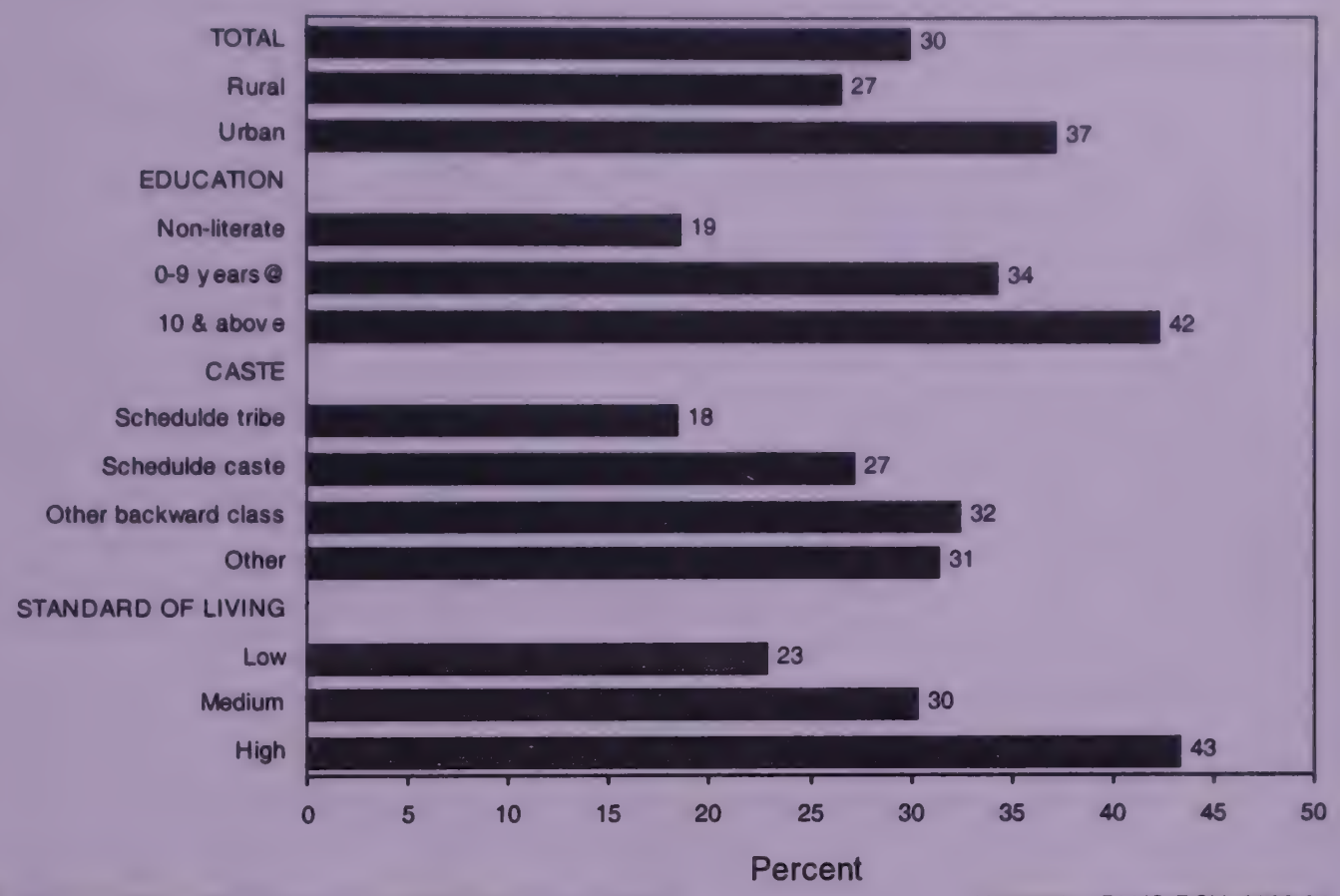
[2] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village

Fifty-six per cent of the women with low standard of living, 72 per cent with medium standard of living, and 86 per cent of the women with high standard of living respectively had undergone their first antenatal check-up in the first trimester of their pregnancy period.

Nutritional deficiencies in women were often exacerbated during pregnancy because of the additional nutrient requirements of foetal growth; therefore, a pregnant woman needed six times more iron than a non-pregnant woman. The information on receiving iron folic acid tablets/syrup during pregnancy was also collected. Table 4.5 has shown that women in Karnataka received IFA supplements for 79 per cent of the last birth during three years preceding the survey. The coverage of IFA tablets was relatively higher in urban areas (83 per cent) than in rural areas (77 per cent). IFA coverage was much below for women of higher parity, women with low standard of living, and scheduled caste-tribe women. IFA coverage was also lower among Jain religion women (69 per cent) than Hindu (80 per cent) and Muslim (76 per cent) women. Again, during pregnancy in the last three years preceding the survey, only 33 per cent of the women received 100 or more IFA, 30 per cent in rural areas and 41 per cent in urban areas. Intake of 100 or more IFA was positively associated with education and high standard of living index and negatively associated with parity. More number of women from Christian, Jain and other backward classes received 100 or more IFA than their counterparts. Such a large difference in receiving IFA or intake of 100 or more IFA tablets/syrup was not found while analysing the situation by availability of health facilities in the village.

For the last live birth or stillbirth during the three years preceding the survey, women were asked whether they were given tetanus toxoid injection to prevent them and their babies from getting tetanus. Table 4.5 has shown that eighty per cent of the women received two or more tetanus toxoid injections. Coverage of two or more TT injection was slightly higher in urban areas (87 per cent) than that in rural areas (76 per cent). The coverage of at least one tetanus toxoid injection for Christian women (97 per cent) was more than that for Muslim women (87 per cent), Hindu (85 per cent), and women from Jain religions (83 per cent). Coverage of at least one tetanus toxoid injection was almost similar for 'other' caste category (90 per cent), other backward classes (87 per cent), scheduled caste (83 per cent), and for scheduled tribe women (77 per cent). Non-literate women received at least one tetanus toxoid injection for 75 per cent of their last birth, whereas literate women with 9 years of schooling received at least one tetanus toxoid injection for 93 per cent, and women who had completed 10 years or more of schooling received at least one tetanus toxoid injection for 94 per cent of their last birth. Ninety-five per cent of the women with a high standard of living received at least one tetanus toxoid injection, and 78-90 per cent of the women with low or medium standard of living received at least one tetanus toxoid injection for their last live/stillbirth. The coverage varied inversely by parity. At least one tetanus toxoid injection was received by 90 per cent the women of Parity-1 compared with 70 per cent of Parity 4 and above.

Figure 4.2
Full Antenatal Care by Background Characteristic



@ Literate mothers with no years of schooling were also included.

Karnataka, DLHS-RCH, 2002-04

The percentage of women who received full antenatal care, (that is, at least three antenatal check-ups, and at least one tetanus toxoid injection and supplementary iron in the form of IFA tablets daily for 100 days, as recommended by the RCH programme,) has been presented in Figure 4.2. Thirty per cent of the women in Karnataka received full antenatal care. Coverage of full antenatal care was low for non-literate women, women with higher parity, Muslim women, women from scheduled tribe, women with a low standard of living, and women from those villages where health facilities were available. Full antenatal coverage was also lower in rural areas (27 per cent) than in urban areas (37 per cent).

4.6 Antenatal Care Indicator by Districts

Table 4.6 has shown the percentage of women who had given live/stillbirth during the three years preceding the survey, who had received different types of antenatal care; (the percentage who received antenatal check-up in the first trimester of pregnancy, the percentage who had received at least three antenatal check-ups, the percentage who had received at least one tetanus toxoid injection, the percentage who had been given 100 or more iron folic acid tablets/syrup, and the percentage who had received full antenatal care services) by districts.

Table 4.6: ANTENATAL CARE INDICATORS BY DISTRICT

Percentage of women* who received different type of antenatal care by district, Karnataka, 2002-04

District	Percentage that received an antenatal check-up in the first trimester of pregnancy	Percentage that received three or more antenatal check-ups	Percentage that received at least one tetanus toxoid injection	Percentage that received adequate amount of IFA[1]	Percentage that received full[2] antenatal check-ups
Bagalkot	56.4	66.8	83.6	18.4	14.4
Bangalore Urban	85.0	93.7	97.3	52.2	49.6
Bangalore Rural	71.8	88.3	88.1	57.1	55.7
Belgaum	72.8	85.6	87.2	28.1	26.6
Bellary	45.4	58.0	74.8	21.8	19.1
Bidar	49.0	71.8	77.3	22.6	19.1
Bijapur	50.2	63.2	79.7	21.4	16.2
Chamarajanagar	84.9	90.1	95.6	38.0	36.5
Chikmagalur	84.4	91.6	89.1	46.3	40.9
Chitradurga	61.0	78.7	87.8	34.5	28.6
Dakshina Kannada	84.5	94.7	97.0	26.9	24.5
Davanagere	69.9	86.0	92.1	12.4	11.2
Dharwad	65.5	83.8	91.6	32.7	28.0
Gadag	56.5	67.4	85.1	23.9	18.1
Gulbarga	49.1	61.8	66.7	16.0	14.6
Hassan	75.1	91.0	95.7	29.6	27.2
Haveri	70.6	80.7	93.6	42.7	36.6
Kodagu	82.4	89.8	90.5	40.3	35.7
Kolar	71.6	86.9	91.5	40.9	37.7
Koppal	48.4	61.2	67.7	29.8	24.7
Mandya	87.2	95.3	96.1	35.4	35.1
Mysore	77.1	85.0	95.4	16.4	15.1
Raichur	39.4	50.6	56.1	30.3	25.5
Shimoga	86.1	90.1	96.0	39.0	34.6
Tumkur	67.1	83.6	81.9	51.4	41.8
Udupi	88.1	99.0	97.7	49.9	49.5
Uttara Kannada	89.2	95.3	81.8	43.0	35.3
Karnataka	67.7	80.0	85.7	33.3	29.9

Note: * Women who had their last live/stillbirth since 1-1-1999/1-1-2001.

[1] 100 or more iron folic acid tablets including syrup

[2] At least three visits for antenatal check-ups, at least one TT injection received and adequate amount of IFA

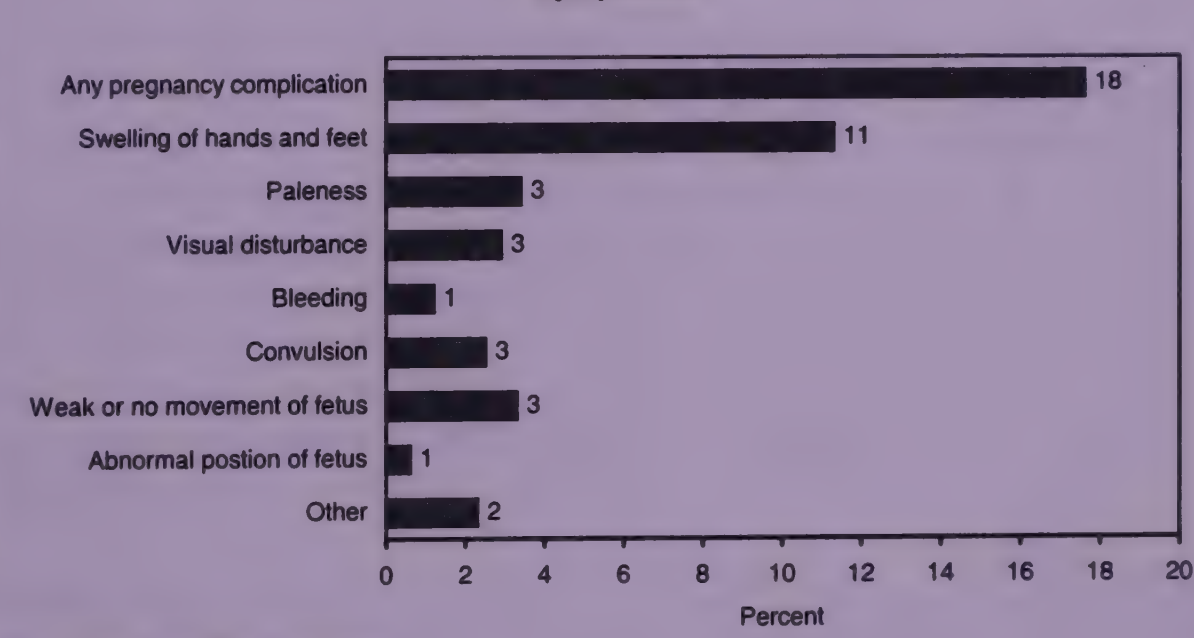
The utilisation of antenatal care services differed from district to district. In 5 out of 27 districts, Gulbarga, Bidar, Koppal, Bellary and Raichur less than half but in all other districts were more than two-fourth of the women had received their first antenatal check-up in the first trimester of pregnancy. The percentage of women who had received at least three visits for antenatal check-ups ranged from 51 per cent in Raichur to 99 per cent in Udupi. In two districts, namely, Raichur and Bellary, the coverage of at least three visits of ANC were below 60 per cent (see, Map-3). There was good coverage of tetanus toxoid injection in all the districts, ranging from 56 to 98 per cent, but on the other hand, performance regarding receipt of 100 or more IFA was poor. In all, excluding four districts, the value ranges from 12 to 57

per cent, and it is lowest in Davanagere. The percentage of women who received full antenatal care ranged from 11 per cent in Davanagere to 56 per cent in Bangalore Rural. In 15 of 27 districts, Davanagere, Bagalkot, Gulbarga, Mysore, Bijapur, Gadag, Bellary, Bidar, Dakshina Kannada, Koppal, Raichur, Belgaum, Hassan, Dharwad and Chitradurga the coverage rate of full antenatal care was below than that of the state average.

4.7 Pregnancy Complications and Treatment

Complications during pregnancy might affect both women's health and the outcome of the pregnancy adversely. Early detection of complications during pregnancy and their management were important components of the safe motherhood programme. In the survey, all the eligible women who had given birth to live or stillbirth during the three years preceding the survey were asked if, at any time during the pregnancy, they had experienced any of the following pregnancy-related problems such as swelling of hands and feet, paleness, visual disturbance, vaginal bleeding, convulsions, weak or no movement of foetus, abnormal position of foetus, and other problems. All the information was based on women's self-reporting which has been presented in Table 4.7 and Figure 4.3.

Figure 4.3
Percentage of women with Pregnancy Complication and by Symptoms



Karnataka, DLHS-RCH, 2002-04

Table 4.7: PREGNANCY COMPLICATIONS

Percentage of women who had live/stillbirths during three years preceding the survey by pregnancy complication and type of complication during pregnancy by some selected background characteristics, Karnataka, 2002-04

Background characteristic	Percentage of women with any pregnancy complication	Type of pregnancy complication; Swelling of hands and feet	Paleness	Visual disturbances	Bleeding	Convulsion	Weak or no movement of foetus	Abnormal position of foetus	Other	Number of women
Age group (years)										
15-19	16.7	10.8	3.2	3.5	0.9	2.9	2.6	0.5	1.7	1,117
20-24	17.2	10.9	3.2	3.1	0.8	2.6	3.2	0.6	2.1	3,220
25-29	17.2	11.3	3.5	2.2	1.5	2.2	2.9	0.9	2.4	2,188
30-34	21.7	13.2	3.8	2.8	2.0	2.2	4.9	0.6	4.3	765
35-39	19.1	13.5	4.1	4.5	1.4	2.7	6.2	0.1	1.1	246
40-44	16.7	11.5	8.3	2.1	2.0	2.2	3.7	1.7	1.2	61
Children ever born										
1	20.7	13.5	3.6	2.8	1.3	2.6	4.0	0.6	2.9	2,551
2	16.1	9.6	3.3	2.7	1.0	2.1	3.0	0.6	2.3	2,570
3	14.4	9.4	3.6	2.8	1.1	3.5	2.6	0.9	1.7	1,308
4+	16.9	11.5	3.1	3.7	1.2	2.0	3.1	0.5	1.3	1,121
Residence										
Rural	17.5	11.0	3.9	3.3	1.3	2.9	3.9	0.6	1.6	5,163
Urban	17.8	12.0	2.5	2.1	0.9	1.7	2.0	0.7	3.7	2,434
Standard of living index										
Low	18.0	11.6	3.9	3.6	1.5	2.9	3.8	0.4	1.5	3,306
Medium	16.2	10.0	3.1	2.7	0.8	2.4	2.8	0.9	2.7	2,675
High	19.2	13.0	3.1	1.9	1.0	1.7	3.2	0.7	3.3	1,616
Received any ANC										
Yes	18.5	11.9	3.6	3.0	1.2	2.6	3.6	0.7	2.5	6,948
No	8.5	5.6	1.4	2.0	0.3	1.3	0.2	0.0	0.5	646
Total	17.6	11.3	3.4	2.9	1.2	2.5	3.3	0.6	2.3	7,597

Note: Total included 47 women with zero parity, 3 with missing information on whether received any ANC who had not been shown separately.
@ Literate women with no years of schooling were also included.

About 18 per cent of the women experienced at least one pregnancy-related problem. It did not differ between rural (18 per cent) and urban (18 per cent) women. Women aged 30-34 years and above, and women with low parity faced at least one pregnancy related problem more than younger and older women aged 40-44 years and women with high parity did. This proportion was relatively high among women who had received some kind of antenatal care during pregnancy. Nineteen per cent of the women who had an antenatal check-up reported that they had experienced at least one problem during their pregnancy while 9 per cent of women did not receive any antenatal check-up during their pregnancy fell in this category. The major problems reported were 'swelling of hand and feet' (11 per cent), 'paleness' (3 per cent), 'weak or no movement of foetus' (3 per cent), 'visual disturbance' (3 per cent) and 'convulsion' (3 per cent). Only 1 per cent each reported 'abnormal position of foetus', and 'vaginal bleeding'. Other problems related to pregnancy were reported by 2 per cent of women. Swelling of hands and feet was more common among older women, women with parity-1 and parity-4 and above, and women with low and high standard of living. The percentage of women were more anaemic belonging to the age group 35-39 years, and 40-44 years, women from rural areas, women with a low standard of living. Anaemia, visual disturbance, and convulsion increased steadily with increase of parity, whereas women with parity-1 reported vaginal bleeding, weak or no movement of foetus and abnormal position of the foetus more. The younger women (15-19 years of age) were more likely to report convulsion as pregnancy complication.

Women who had reported at least one pregnancy related complication were asked whether they had consulted someone or had sought treatment for their problem and also the source of treatment. Table 4.8 shows the percentage of women who had pregnancy complications, who had obtained advice or had sought treatment by source of treatment according to residence and availability of health facility in the village. Seventy-one per cent of the women reported that they had obtained advice or consulted someone for their problems. The proportion was higher among urban women (77 per cent) than among rural women (68 per cent), and 71 per cent of the women sought treatment from those villages where health facility was available as compared to 65 per cent of the women with non-availability of health facility within the village.

Among women who had sought treatment for pregnancy complications, 35 per cent had visited a government health facility including a primary health centre (6 per cent) and sub-centre (2 per cent). More than half of them visited a private health facility, and 8 per cent had gone to a facility with the Indian system of medicine, while another 1 per cent obtained advice from another health facility. The proportion of women who visited a private health facility was higher in urban areas (63 per cent) than in rural areas (52 per cent). Among women who had sought treatment, 92 per cent went to a doctor and 8 per cent to an auxiliary nurse midwife or nurse or LHV. Ninety-four per cent of these women in urban areas, and 91 per cent in rural areas had been examined by a doctor, whereas ANM/Nurse/LHV had examined 9 per cent women in rural areas and 6 per cent in urban areas.

Table 4.8: TREATMENT FOR PREGNANCY COMPLICATIONS

Percentage of women* who had any pregnancy complication, sought treatment and source of treatment according to residence and availability of health facility in the village, Karnataka, 2002-04

Treatment and source	Total	Residence		Availability of health facility[5] in the village	
		Rural	Urban	No	Yes
Percentage of women sought treatment who had any pregnancy complication	70.8	67.7	77.2	65.3	70.5
Number of women	1,338	905	433	482	423
Percentage sought treatment at health facility					
Government health facility[1]	35.2	40.7	25.1	41.4	40.0
Primary health centre	6.3	9.0	1.4	6.9	11.2
Sub centre	1.5	2.3	0.0	0.6	4.2
Private health facility[2]	56.2	52.3	63.2	51.3	53.5
ISM[3] facility	8.1	7.2	9.6	7.2	7.2
Other	1.0	1.1	0.8	1.4	0.8
Percentage distribution of women who obtained treatment from					
Doctor	91.7	90.6	93.7	90.3	90.9
ANM/nurse/midwife/LHV	8.1	9.1	6.3	9.4	8.8
Other[4]	0.2	0.3	0.0	0.3	0.3
Missing	0.0	0.0	0.0	0.0	0.0
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	947	613	334	315	298

Note: [1] Included municipal hospital, dispensary, urban health centre/urban health post/urban family welfare centre, community health centre/rural hospital, primary health centre and sub centre

[2] Included private hospital/clinic and non-governmental organization/ trust hospital.

[3] Either government or private Indian system of medicine.

[4] Other included Dai trained or untrained, other health professional and ISM practitioner.

[5] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

4.8 Delivery Care

4.8.1 Place of Delivery

One of the important thrusts of Reproductive and Child Health Programme is to encourage deliveries under proper hygienic conditions under the supervision of trained health professionals. The provision of delivery services in the government health institutions is one of the components of the RCH programme. For each live/stillbirth during three years preceding the survey, DLHS-RCH asked the women where (place) their children were born, who assisted them during the deliveries in case of home deliveries, characteristics of delivery, and any problems that occurred during the delivery. Table 4.9 and Figure 4.4 have presented the data on the place of delivery. A little less than one-third of the births (29 per cent) took place both in the government and private health institutions, and comparatively a large

proportion of births (42 per cent) took place at home. About eighty-four per cent of the deliveries in urban areas and forty-six per cent of the deliveries in rural areas took place in health institutions. Deliveries in health facilities in Karnataka rose from 50 per cent in Round-I to 58 per cent in Round-II.

Table 4.9: PLACE OF DELIVERY

Percentage distribution of women who had given live/stillbirths during three years preceding the survey, by place of delivery, according to selected background characteristics, Karnataka, 2002-04

Background characteristics	Health institutions		Home	Other	Missing	Total percentages	Number of women
	Public	Private					
Age group (in years)							
Below 20	31.0	17.7	51.1	0.1	0.0	100.0	1,117
20-34	29.1	30.9	39.8	0.1	0.0	100.0	6,173
35 and above	21.1	29.4	49.3	0.0	0.1	100.0	307
Children ever born							
1	35.2	39.9	24.9	0.0	0.0	100.0	2,551
2	29.2	28.7	41.9	0.1	0.1	100.0	2,570
3	26.6	20.9	52.2	0.3	0.0	100.0	1,308
4+	17.2	13.6	69.2	0.0	0.0	100.0	1,121
Residence							
Rural	26.7	18.9	54.2	0.1	0.0	100.0	5,163
Urban	34.0	50.1	15.8	0.1	0.0	100.0	2,434
Education							
Non-literate	23.5	10.2	66.1	0.1	0.1	100.0	3,114
0-9 years@	37.1	28.3	34.6	0.1	0.0	100.0	2,505
10 years & above	27.6	59.3	13.0	0.1	0.0	100.0	1,977
Religion							
Hindu	29.1	26.7	44.0	0.1	0.0	100.0	6,258
Muslim	28.8	36.8	34.4	0.0	0.0	100.0	1,143
Christian	35.4	44.2	20.4	0.0	0.0	100.0	138
Jain	12.6	80.1	7.3	0.0	0.0	100.0	53
Caste#							
Scheduled caste	30.8	16.4	52.4	0.3	0.1	100.0	1,499
Scheduled tribe	24.9	14.3	60.6	0.2	0.0	100.0	677
Other backward class	29.8	30.5	39.6	0.1	0.0	100.0	3,610
Other	27.7	41.3	30.9	0.0	0.0	100.0	1,740
Standard of living index							
Low	26.7	10.5	62.6	0.1	0.1	100.0	3,306
Medium	35.0	30.1	34.8	0.1	0.0	100.0	2,675
High	24.0	64.7	11.2	0.0	0.1	100.0	1,616
Number of antenatal check-ups							
No check-up	13.0	4.4	82.6	0.0	0.1	100.0	646
1	26.0	13.4	60.1	0.0	0.6	100.0	315
2	24.1	17.2	58.5	0.2	0.0	100.0	552
3	26.0	17.6	56.2	0.2	0.0	100.0	714
4+	32.1	35.5	32.3	0.1	0.0	100.0	5,368
Delivery characteristics							
Normal	28.9	24.6	46.4	0.1	0.0	100.0	6,588
Caesarean	32.0	64.6	3.4	0.0	0.0	100.0	783
Assisted	24.4	29.0	45.3	0.9	0.4	100.0	210
Availability of health facility[1] in the village							
No	25.7	16.9	57.3	0.1	0.0	100.0	2,861
Yes	28.0	21.5	50.4	0.1	0.1	100.0	2,302
Total	29.0	28.9	41.9	0.1	0.0	100.0	7,597

Note: Total included 47 women with zero parity,1 with missing information on education,3 on number of ANC visits and 16 on delivery characteristics who were not shown separately. Total included 6 women from other religion who were not shown separately. # Total figure may not add to N due to do not know and missing cases. @ Literate women with no years of schooling were also included. [1] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

The proportion of births occurring in health institutions was slightly higher for women aged 20 years and above (51-60 per cent) than for young women under 20 years (49 per cent). Institutional deliveries, particularly in private health facilities, increased sharply with education and the standard of living. Around one-third (34 per cent) of the births to non-literate women and 87 per cent births to literate women who had completed at least 10 or more years of schooling took place at health institutions. Women with a high standard of living were more likely to give birth in health institutions than women with a low standard of living (Figure 4.4). The proportion of institutional deliveries decreased as parity increased from parity one (75 per cent) to parity four and above (31 per cent). Institutional delivery was much lower for Muslim women (66 per cent) than for Hindus (56 per cent), Christian (80 per cent) and Jain women (93 per cent). Only 39 per cent of the births of women from scheduled-tribes were institutional deliveries as compared to 47 per cent of births to women from scheduled-castes, 60 per cent to other backward classes and 69 per cent of births to women from the 'other' caste category. Institutional deliveries were more common among women who had four or more antenatal check-ups (68 per cent) than among them who had fewer antenatal check-ups (39-44 per cent). Institutional deliveries were least prevalent among births to women who did not receive any antenatal check-ups (17 per cent). As expected, a large proportion of births occurred through caesarean section (97 per cent), and 53 per cent of assisted deliveries took place at health institutions. At the same time, 3 per cent of caesarean deliveries and 45 per cent of assisted deliveries took place at home. Fifty per cent of the births took place at health institutions in the village with availabilities of health facility compared to 43 per cent of births from villages without any health facilities.

4.8.2 Assistance During Home Delivery

Table 4.10 has shown the distribution of assistance during home delivery by selected background characteristics. Generally, assistance during delivery could be provided by medical staff (doctors, ANM/nurse/LHV, TBA, un-trained *dai*), and relatives/friends. If more than one type of attendant assisted during the delivery, then only the most qualified person was considered. In the last three years preceding the survey, only 9 per cent of home deliveries were attended by doctors, 12 per cent by ANM or nurse or LHV, 12 per cent by trained birth attendants, 23 per cent by untrained *dais*, 44 per cent were attended by relatives and friends and 1 per cent of home deliveries were not attended by anyone (Figure 4.4). Overall, health professionals attended 21 per cent of deliveries that took place at home. The percentage of births (home delivery) attended by health professionals did not differ much between women age. About 20-21 per cent of births were attended by health professional for women of age below 20 and 20-34 years and only 15 per cent of births for women of age 35 and above were attended by health professionals. In rural areas, 19 per cent of the births were attended by health professionals as compared to 34 per cent of that in urban areas. The percentage of births attended by health professionals decreased steadily with increasing parity of women.

Births to literate women who had completed 10 or more years of schooling which were attended by health professionals was more than double as compared to non-literate women. About one-fourths (24 per cent) of home deliveries to women with a medium

standard of living and 17 per cent of deliveries to women with a low standard of living were attended by health professionals. Home deliveries were more likely to be attended by health

Table 4.10: ASSISTANCE DURING HOME DELIVERY AND SAFE DELIVERY

Percentage distribution of women who had given live/stillbirths during three years preceding the survey, by assistance during home delivery, and percentage of safe delivery, according to selected background characteristics, Karnataka, 2002-04

Background characteristics	Attendant assisting during home delivery[1]						Number of women	Percentage of safe[2] delivery
	Doctor	ANM/ Nurse/ LHV	TBA	Un-trained *dai*	Relative / friends	None		
Age group (in years)								
Below 20	8.4	11.5	10.1	24.2	44.5	1.3	571	58.9
20-34	9.0	12.1	12.0	22.3	43.8	0.7	2,459	68.4
35 and above	8.8	6.5	12.1	29.1	43.5	0.0	152	58.1
Children ever born								
1	13.6	15.9	10.8	21.0	38.4	0.4	635	82.4
2	8.4	13.7	12.0	23.7	41.1	1.1	1,077	67.1
3	8.7	10.0	13.5	21.4	45.7	0.8	683	57.2
4+	6.2	7.4	10.4	24.9	50.5	0.7	776	40.2
Residence								
Rural	8.4	10.4	11.6	23.4	45.3	0.8	2,798	55.9
Urban	12.4	21.5	11.9	19.8	34.0	0.3	384	89.5
Education								
Non-literate	7.8	7.3	10.8	23.4	49.9	0.8	2,059	43.6
0-9 years@	9.5	18.3	12.7	23.5	35.3	0.7	866	75.0
10 years & above	16.1	25.2	14.6	17.6	25.6	0.9	257	92.2
Religion								
Hindu	8.9	11.1	11.7	23.1	44.3	0.9	2,753	64.6
Muslim	8.3	15.1	11.3	23.2	41.9	0.2	393	73.7
Christian	(13.8)	(20.7)	(10.3)	(10.3)	(44.8)	(0.0)	28	87.3
Caste#								
Scheduled caste	6.8	7.3	10.3	24.3	50.1	1.2	786	54.6
Scheduled tribe	9.2	7.2	7.7	22.8	52.5	0.6	410	49.1
Other backward class	8.3	15.2	12.7	22.3	40.9	0.6	1,429	69.6
Other	12.6	12.7	14.0	23.0	36.7	0.9	538	76.9
Standard of living index								
Low	8.2	8.9	10.2	23.4	48.4	0.9	2,070	47.9
Medium	9.2	15.2	14.3	23.0	37.6	0.7	931	73.6
High	15.2	26.8	14.5	18.1	25.4	0.0	181	93.5
Number of antenatal check-ups								
No check-up	6.7	4.1	9.1	24.0	55.6	0.5	533	26.3
1	10.8	5.1	13.1	24.9	46.1	0.0	189	48.9
2	10.3	7.2	10.1	23.8	47.2	1.4	323	51.5
3	6.0	8.7	12.4	24.3	47.5	1.1	401	51.9
4+	9.8	16.4	12.4	21.9	38.7	0.8	1,734	76.0
Delivery characteristics								
Normal	7.9	10.9	12.0	23.5	44.9	0.8	3,060	62.2
Caesarean	(32.1)	(10.7)	(0.0)	(10.7)	(42.9)	(3.6)	27	98.1
Assisted	34.7	37.2	5.4	6.3	16.4	0.0	95	86.0
Availability of health facility[3] in the village								
No	8.0	8.0	12.4	24.4	46.1	1.2	1,639	51.8
Yes	9.1	13.8	10.5	22.0	44.2	0.4	1,159	61.0
Total	8.9	11.7	11.7	23.0	43.9	0.8	3,182	66.6

Note: Total included 10 women with zero parity and 2 women with missing information on number of ANC visits who were not shown separately. Total included 4 Jain women and 4 in other religion who were not shown separately. @ Literate women with no years of schooling were also included. # Total figure may not add to N due to do not know and missing cases.

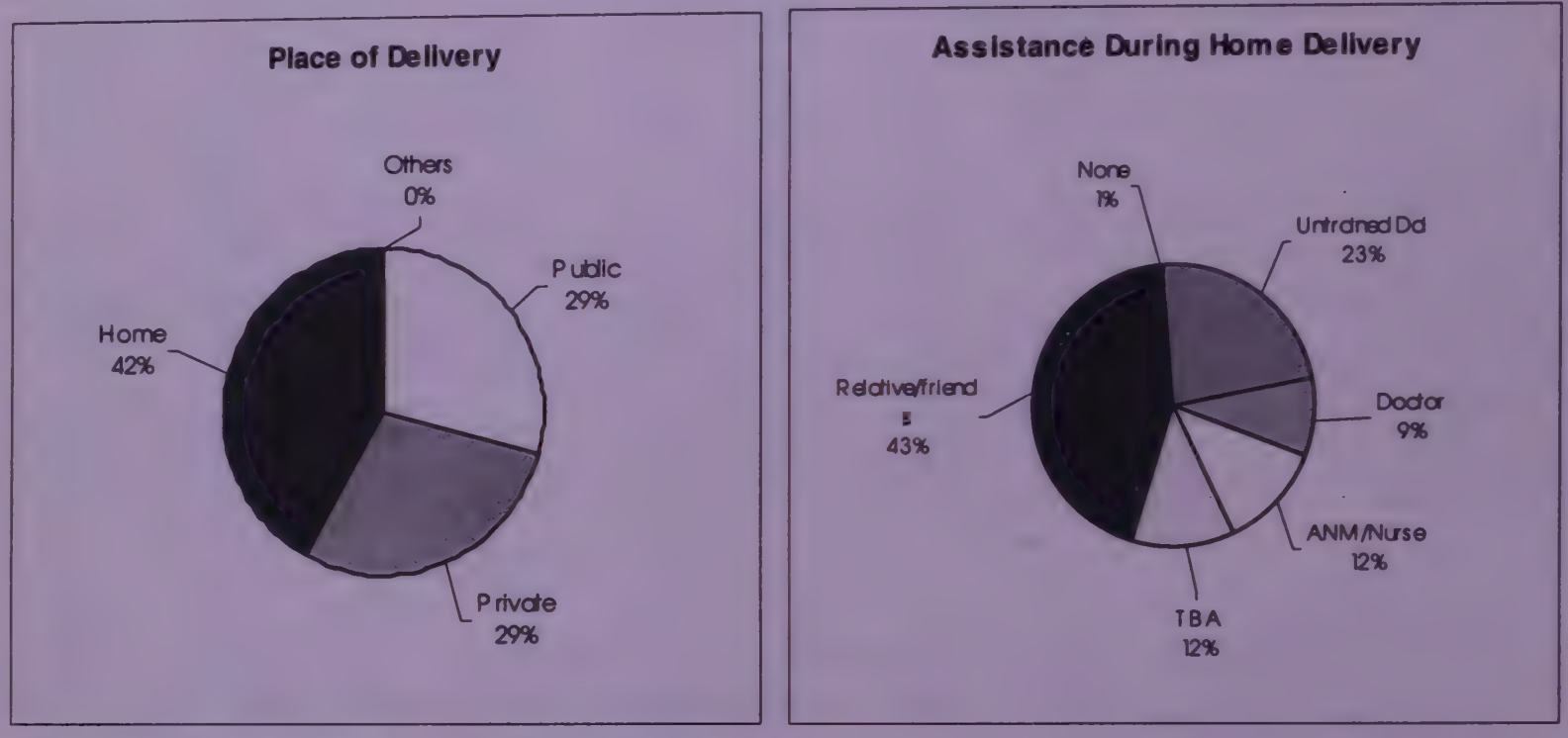
[1] If the respondent mentioned more than one attendant, only the most qualified attendant was shown.

[2] Either institutional delivery or home delivery assisted by doctor/ANM/Nurse/LHV

[3] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village. ( ) Based on less than 50 unweighted cases

professionals among Christian women (35 per cent) than among Muslim women (23 per cent) and Hindu (20 per cent). Only 14 per cent of the births to women from scheduled castes, 16 per cent to scheduled tribes, 26 per cent to other backward classes and 25 per cent to women belonging to 'other castes' category were attended by health professionals. Eleven per cent of home deliveries to women who did not have any antenatal check-ups were attended by health professionals as compared to 26 per cent of home deliveries to women who had four or more antenatal check-ups.

Figure 4.4
Place of Delivery and Assistance During Delivery



Note: Percentage may add to more than 100.0 due to rounding

Karnataka, DLHS-RCH, 2002-04

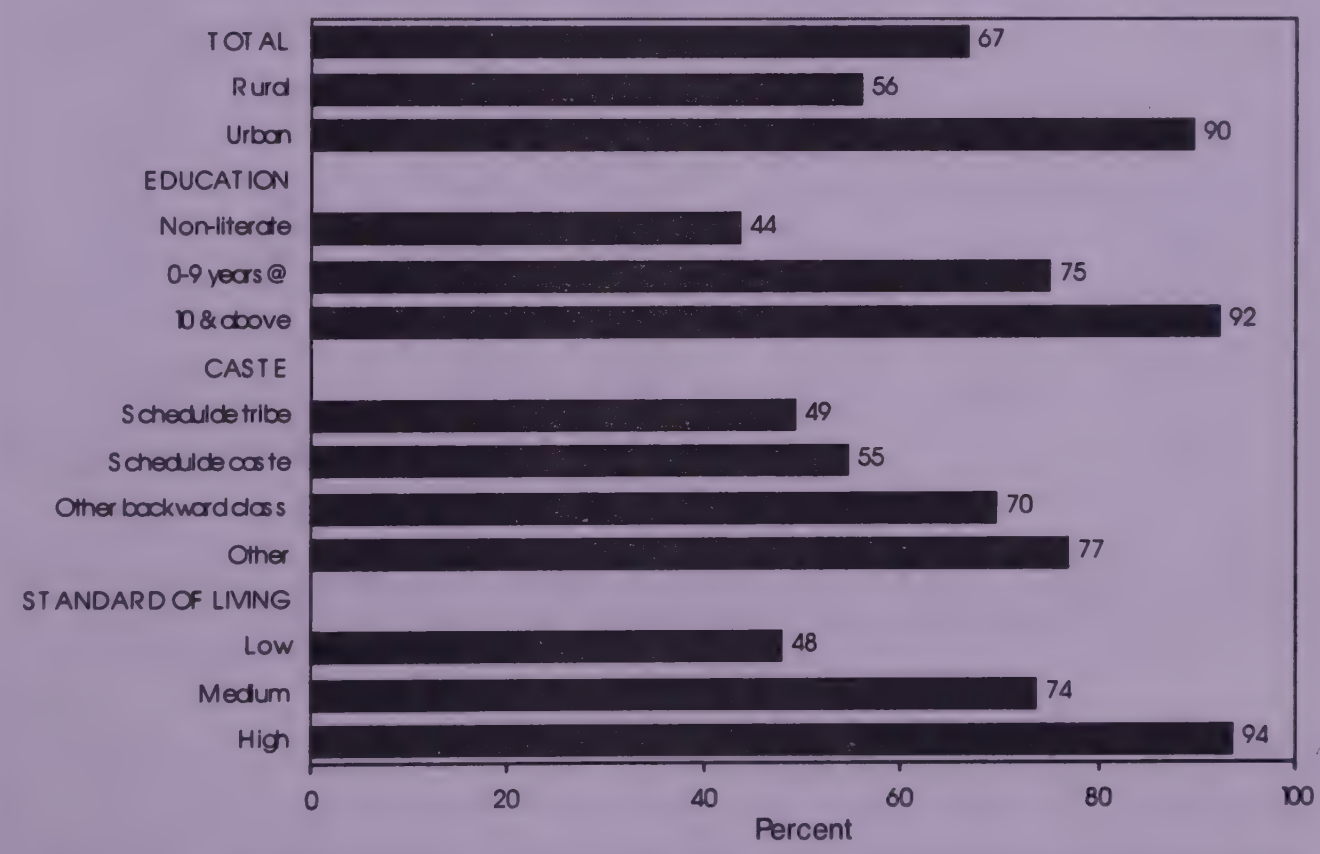
About 19 per cent of home deliveries that were normal were attended by health professionals, which differed substantially to births by either caesarean section or assisted (49-72 per cent), but the result should be interpreted with caution due to the small number of cases. Sixteen- per cent of home deliveries were attended by health professionals in villages with non-availability of a health facility compared to 23 per cent from villages with the availability of a health facility.

4.8.3 Delivery Assisted by Skilled Persons

The extent of safe deliveries varied substantially by background characteristics of women (Table 4.10 and Figure 4.5). More than two-third of the births (67 per cent) were safe in Karnataka. In urban areas, about ninety per cent of the deliveries were safe as against fifty-six per cent in rural areas. About 59-68 per cent of the deliveries were safe for younger women aged below 35 than to elderly women (58 per cent). The proportion of safe deliveries was

lower among Hindu women (65 per cent) than among Muslim and Christian women (74-87 per cent). Only 49 per cent of the births to women from scheduled-tribe were safe deliveries, compared to 55 per cent to women from scheduled-castes, 70 per cent to women from other backward classes, and 77 per cent of births to women from 'other castes' category. Proportion of safe deliveries decreased as parity rose from 1 (82 per cent) to 4 and above (40 per cent). Safe deliveries were least prevalent among women who did not receive any antenatal check-ups (26 per cent), and it was most prevalent among women who had four or more antenatal check-ups (76 per cent). The proportion of safe deliveries increased sizeably with women's education and standard of living. Only forty-four per cent of non-literate women had safe deliveries whereas its prevalence was 75 per cent among women who had completed at least high school. Women with a high standard of living had 94 per cent safe deliveries compared to 74 per cent of women with a medium standard of living and 48 per cent with a low standard of living. As compared to women who had caesarean and assisted deliveries (86-98 per cent) only 62 per cent of women with normal deliveries were safe deliveries. The proportion of safe deliveries was much higher in villages with a health facility than to women from those villages were health facilities were not available.

Figure 4.5
Delivery Assisted by Skilled Person by Background Characteristic



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@ Literate women with no years of schooling are also included

4.9 Reasons for Not Going to Health Institutions for Delivery

Table 4.11 has shown the percentage distribution of women who did not deliver in health institutions in the three years preceding the survey. The main reason for not going to health institutions has been presented according to residence and availability of health facility in the

village. Seventy per cent of the women stated that it was not necessary to deliver in health institutions. As it could be seen that a higher proportion of rural women (71 per cent) than urban women (60 per cent) felt this way. Also, 73 per cent of the women stated that it was not necessary to deliver in health institutions when their villages were equipped with health facilities, when compared to 70 per cent of women from villages where a health facility was not available. About 3 per cent of the women felt that it was not customary to deliver in health institutions. Other factors contributing for not going to health institutions for delivery were, 'it cost too much' (3 per cent), 'no transportation' or 'health facility is too far' (3 per cent), 'poor quality service' (1 per cent), 'family did not allow' (1 per cent), 'lack of knowledge' (1 per cent) and 'other' (2 per cent). About 6-10 per cent reported 'better care at home' and 'no time to go' to health institutions. The corresponding figures were 7-15 per cent in urban areas and 6-9 per cent in rural areas. It is also needs to be mentioned here that 7-9 per cent of the women from villages with a health facility reported 'better care at home' and 'no time to go' to health institutions.

Table 4.11: REASONS FOR NOT GOING TO HEALTH INSTITUTIONS FOR DELIVERY

Percentage distribution of women who had given last live/stillbirth at home during three years preceding the survey by the main reason for not going to health institution for delivery, according to residence and availability of health facility in the village, Karnataka, 2002-04

Reason	Total	Residence		Availability of health facility[1] in the village	
		Rural	Urban	No	Yes
Not Necessary	69.5	70.8	60.1	69.5	72.7
Not customary	2.5	2.2	5.0	2.0	2.4
Cost too much	3.3	3.4	3.1	3.9	2.7
Health facility too far/ No transport	2.9	2.6	5.2	3.0	2.0
Poor quality service	0.8	0.7	1.2	0.5	1.1
No time to go	10.1	9.4	15.0	9.9	8.8
Family did not allow	1.4	1.5	0.1	2.0	0.8
Better care at home	6.4	6.4	6.5	6.2	6.8
Lack of knowledge	0.9	1.0	0.6	1.1	0.7
Other	2.1	2.0	3.2	2.0	2.0
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	3,182	2,798	384	1,639	1,159

Note: [1] Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

4.10 Delivery Characteristics by Districts

Table 4.12 has shown the delivery characteristics by district; institutional delivery (delivery in government or private health institutions), home delivery and attendant assistance during home delivery for last live/stillbirths to women during the three years preceding the survey. The proportion of institutional delivery was lowest in both Koppal and Raichur (21 per cent) and followed by Bellary (25 per cent) and Gulbarga (31 per cent) and it was highest in both Udupi and Dakshina Kannada (94 per cent) and followed by Bangalore Urban (92 per cent) and Kodagu (76 per cent).

Table 4.12: DELIVERY CHARACTERISTICS BY DISTRICT

Place of delivery, assistance during home deliveries, and percentage of safe deliveries by district, Karnataka, 2002-04

Districts	Percentage of women who had institutional delivery	Percentage of women who had delivery at home	Home delivery assisted by skilled[1] persons	Percentage of safe[2] delivery
Bagalkot	48.6	50.5	20.8	59.1
Bangalore Urban	92.4	7.6	(32.7)	94.9
Bangalore Rural	69.4	30.6	22.6	76.3
Belgaum	61.3	38.7	23.8	70.5
Bellary	25.4	74.4	18.4	39.0
Bidar	45.6	54.4	8.7	50.3
Bijapur	57.2	42.8	16.0	64.0
Chamarajanagar	71.5	28.5	22.2	77.8
Chikmagalur	70.0	30.0	28.8	78.7
Chitradurga	53.6	45.7	23.8	64.4
Dakshina Kannada	93.9	5.3	(34.8)	95.7
Davanagere	55.5	44.1	25.0	66.6
Dharwad	60.1	39.6	25.9	70.3
Gadag	44.5	55.2	25.0	58.3
Gulbarga	31.1	68.9	9.3	37.5
Hassan	65.9	34.1	38.5	79.0
Haveri	43.0	56.7	16.7	52.5
Kodagu	75.8	24.2	16.2	79.7
Kolar	53.2	46.8	23.5	64.2
Koppal	20.6	79.4	20.1	36.6
Mandya	70.2	29.8	53.6	86.2
Mysore	64.9	35.1	11.3	68.9
Raichur	20.6	79.4	20.1	36.6
Shimoga	69.2	29.8	30.6	78.4
Tumkur	63.9	36.1	32.7	75.7
Udupi	94.1	5.9	(48.8)	97.0
Uttara Kannada	74.6	25.4	25.2	81.0
Karnataka	58.0	41.9	20.7	66.6

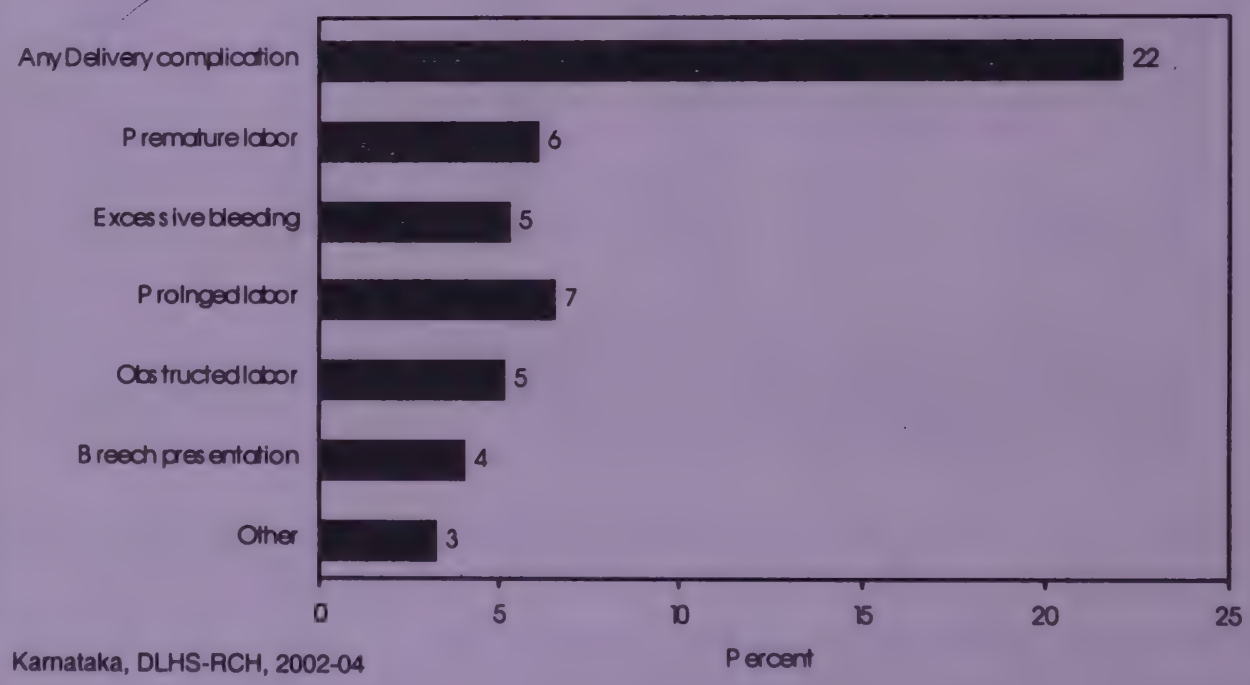
Note: *Table included last live/stillbirth since 1-1-1999/1-1-2001.
[1] Included Doctor/ANM/Nurse. [2] Either institutional delivery or home delivery assisted by skilled person. ( ) Based on less number of cases.

Deliveries in a private and government health facility varied across the districts of Karnataka. A little less than 60 per cent of births were institutional deliveries in the state, but in 8 of 27 districts, more than half of the births took place at home and Koppal, Raichur and Bellary had more than 70 per cent of home deliveries. In Mandya district, more than fifty-four per cent of home deliveries were attended by a health professional followed by Udupi (49 per cent) and Hassan districts (39 per cent). The extent of safe deliveries also varied by district, in 11 of 27 districts, the proportion of safe deliveries were below state average, it ranged from 37 per cent in both Koppal and Raichur to 97 per cent in Udupi. The proportion of safe deliveries was less than 40 per cent in four districts i.e. Koppal, Raichur, Gulbarga and Bellary (see, Map-4).

4.11 Complications During Delivery

Complications during delivery included 'premature labour', 'obstructed labour', 'prolonged labour (more than 12 hours)', 'breech presentations', 'excessive bleeding during delivery' and 'other problems' at the time of delivery reported by women during the three years preceding the survey. About one-fifth of the women experienced at least one problem during delivery (Table 4.13 and Figure 4.6). The proportion of delivery complications was higher among urban women (28 per cent) than among rural women (19 per cent). Younger women below the age of 20 and older women age 35 years and above and women with low parity 1-2 reported more at least of one delivery related problem than older women aged 20-34 years and women with higher parity. This proportion was relatively high among women who had received some kind of antenatal care during their pregnancy. Only ten per cent of the women who had not had any antenatal check-up reported that they experienced at least one problem during their pregnancy when compared to 20-23 per cent of the women who had received some kind of antenatal check-up. Among women who had assisted or caesarean delivery, 40-68 per cent reported experiencing such problems, and 16 per cent the women with normal deliveries also cited complications during delivery. A relatively higher proportion of women who delivered in health institutions (25-33 per cent) faced at least one delivery complication compared to those who delivered at home or other places (13 per cent).

Figure 4.6
Percentage of women with Delivery Complication and by Symptoms



Karnataka, DLHS-RCH, 2002-04

Table 4.13: DELIVERY COMPLICATIONS

Percentage of women who had given last live/stillbirths during three years preceding the survey by delivery complication, according to selected background characteristics, Karnataka, 2002-04

Background characteristics	Any delivery complic-ation	Type of delivery complication: Prematu-re labour	Excessive bleeding	Prolong-ed labour	Obstruct-ed labour	Breech presnta-tion	Other	Number of women
Age group (in years)								
Below 20	22.4	7.6	6.2	8.8	5.5	3.4	1.6	1,117
20-34	21.9	5.8	5.0	6.1	4.8	4.0	3.5	6,173
35 and above	24.9	6.0	8.5	6.6	7.9	6.4	2.5	307
Children ever born								
1	28.3	6.9	6.0	9.3	6.6	6.7	3.8	2,551
2	21.0	5.9	5.1	5.6	5.0	3.1	3.7	2,570
3	16.9	5.2	4.5	3.7	3.7	2.2	2.7	1,308
4+	14.9	4.9	4.5	4.5	3.1	2.0	0.8	1,121
Residence								
Rural	19.1	6.4	5.6	6.0	4.3	3.1	1.5	5,163
Urban	28.3	5.5	4.6	7.6	6.7	5.9	6.9	2,434
Number of antenatal check-ups								
No check-up	10.4	4.8	1.9	3.5	2.2	0.4	0.5	646
1	21.8	4.8	6.2	8.2	6.7	3.3	2.8	315
2	19.8	5.8	6.3	6.8	6.5	2.1	0.8	552
3	22.3	7.3	7.8	7.2	5.8	1.8	1.3	714
4+	23.7	6.2	5.2	6.7	5.1	5.0	4.0	5,368
Delivery characteristics								
Normal	15.9	5.7	4.9	5.2	3.5	1.1	1.1	6,588
Caesarean	68.4	8.2	7.8	14.6	17.9	26.3	17.6	783
Assisted	40.4	7.5	8.4	17.2	6.0	9.0	13.2	210
Place of delivery								
Government sector	25.0	6.6	6.5	8.5	5.8	4.5	2.9	2,207
Private sector	32.8	8.3	5.4	7.8	7.0	8.2	7.3	2,197
Home	12.7	4.2	4.3	4.2	3.2	0.8	0.6	3,182
Total	22.1	6.1	5.3	6.5	5.1	4.0	3.2	7,597

Note: Total included 47 women with zero parity, 3 women with missing information on number of ANC visits, 16 on delivery characteristic and 3 on place of delivery who were not shown separately.
Total also included 9 women in other place of delivery who were not shown separately.

The major problems reported were 'obstructed labour' (5 per cent), 'prolonged labour' (7 per cent), 'premature labour' (6 per cent), and 'excessive bleeding (5 per cent). Only 4 per cent reported 'breech presentation', and 3 per cent reported 'other' problems related to delivery. Premature labour, prolonged labour, obstructed labour and excessive bleeding were more common among younger women, and women with low parity. Rural women were more likely to report delivery complications such as premature labour and excessive bleeding, whereas prolonged labour, obstructed labour and excessive bleeding were more prevalent among urban women. Breech presentation, obstructed labour, prolonged labour, and other health problems related to delivery were more among women whose last delivery was caesarean, and prolonged labour and other problems were more likely among those who had assistance during delivery than by women with normal delivery during the three years

preceding the survey. Women whose recent deliveries were performed in medical institutions were more likely to report premature labour, prolonged labour, breech presentation and obstructed labour compared with place of delivery other than medical institutions.

4.12 Post-Delivery Complications and Treatment

Table 4.14 and Figure 4.7 have presented information about women who faced complications after delivery according to some selected background characteristics. The incidence of post-delivery complications judged by any of the following during the first six-weeks of delivery- 'high fever', 'lower abdominal pain', 'foul smelling vaginal discharge', 'excessive bleeding', 'convulsion', 'severe headache', and 'other' problems. Seventeen per cent of the women reported that they faced any of the problems during the first six weeks after their delivery. The proportion of women who cited at least one post-delivery complication was higher in rural areas (18 per cent) than in urban areas (15 per cent). Younger women below the age of 20, and women with lower parity and over, had there deliveries assisted by a ANM/nurse/LHV, trained birth attendant, untrained *dai,* or relatives or friends, and those whose deliveries took place at home, and those whose deliveries at home were attended by none are more prone to report at least one post-delivery related problem.

Women reported high fever, lower abdominal pain and severe headache (7-8 per cent), excessive vaginal bleeding (5 per cent), foul smelling vaginal discharge and convulsion (1-3 per cent). About three per cent of the women reported other problems. Rural-urban differences in all symptoms of postpartum complication were visible. All the postpartum complications, except lower abdominal pain, foul smelling vaginal discharge, convulsions and other problems were more prevalent among younger women below the age of 20 and older women aged 35 years and above than among women 20-34 years. The symptoms of postpartum complications except high fever, excessive bleeding and foul smelling vaginal discharge were increasing steadily with increased parity. There were minimal differences in the likelihood of having different symptoms in the postpartum period by place of delivery. Women who had the last delivery at home and were not assisted by anyone were more likely to have 'foul smelling vaginal discharge', 'excessive bleeding', 'convulsion', 'severe headache', and 'other' postpartum problems during the first six weeks of delivery. Symptoms like high fever, lower abdominal pain and severe headache were more common for women who delivered at home assisted by a doctor than for women whose home deliveries were assisted by a ANM/nurse/LHV, trained birth attendant, untrained *dai,* or relatives or friends.

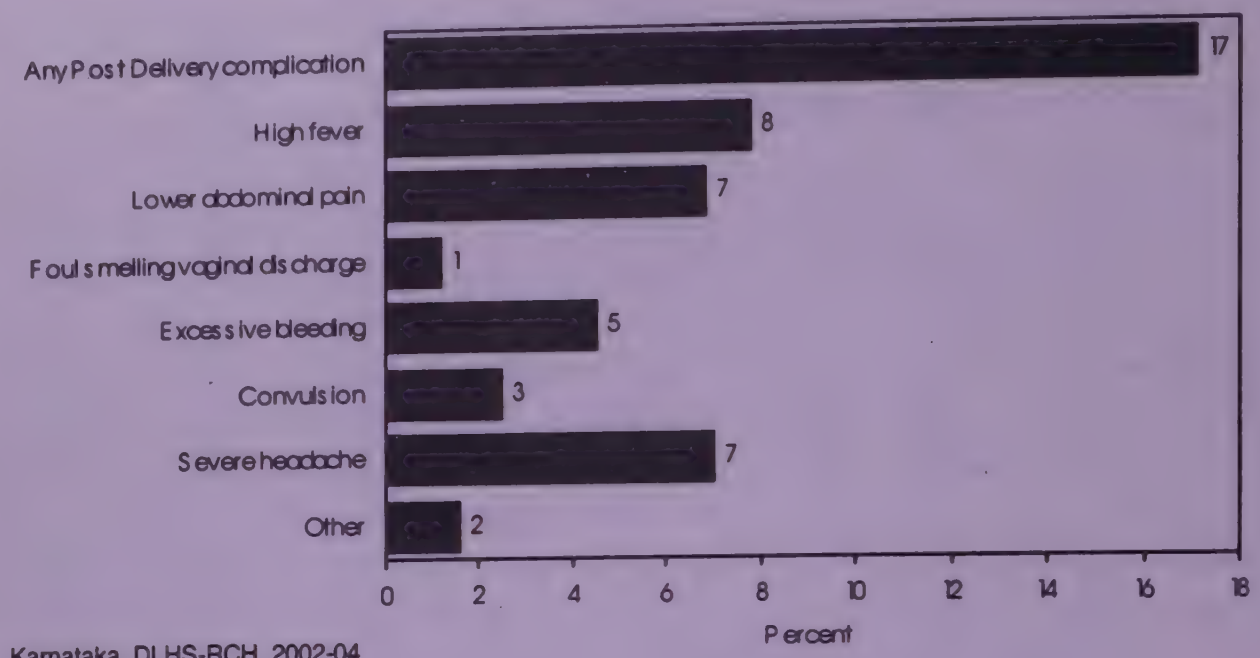
Table 4.14: POST-DELIVERY COMPLICATIONS

Percentage of women who had given last live/stillbirths during three years preceding the survey by post-delivery complication, according to selected background characteristics, Karnataka, 2002-04

Background characteristics	Any post-delivery complic-ation	Type of post-delivery complication; High fever	Lower abdom-inal pain	Foul smelling vaginal discharge	Excess-ive bleeding	Convul-sion	Severe head-ache	Other	Number of women
Age									
Below 20	20.2	11.3	5.9	1.0	6.4	3.2	7.6	1.9	1,117
20-34	16.5	7.0	6.9	1.2	4.1	2.3	6.8	1.6	6,173
35 and above	18.0	9.5	7.3	1.2	6.3	3.6	8.6	1.1	307
Children ever born									
1	17.4	8.2	5.0	1.6	4.8	2.4	6.0	1.2	2,551
2	16.6	7.6	6.9	0.8	4.8	2.5	7.3	2.2	2,570
3	17.4	6.5	8.7	1.0	3.8	2.9	8.2	1.6	1,308
4+	16.3	8.2	7.9	1.2	3.8	2.2	6.7	1.2	1,121
Residence									
Rural	18.2	8.4	7.6	1.4	4.6	3.0	7.6	1.6	5,163
Urban	14.9	6.4	5.2	0.8	4.4	1.5	5.6	1.8	2,434
Delivery characteristics									
Normal	16.5	7.5	6.7	1.2	4.2	2.3	6.6	1.6	6,588
Caesarean	20.7	9.1	6.5	1.6	6.6	3.4	8.1	2.4	783
Assisted	25.7	13.2	12.1	1.6	8.4	7.1	12.9	1.0	210
Place of delivery									
Government sector	17.5	7.7	6.8	1.3	5.6	2.5	6.6	1.2	2,207
Private sector	14.7	6.4	5.5	1.0	4.5	2.0	5.7	1.2	2,197
Home	18.5	8.8	7.7	1.3	3.9	2.9	8.1	2.2	3,182
Assistance during home delivery									
Doctor	20.9	11.9	10.5	1.0	6.4	4.3	9.1	3.5	284
ANM/Nurse/LHV	15.7	5.7	6.8	0.3	3.5	1.4	5.2	4.0	374
TBA	19.9	7.0	5.5	1.1	6.4	2.7	9.4	1.7	371
Untrained *dai*	18.2	10.1	7.9	1.3	1.9	3.3	8.2	2.1	730
Relative/friends	18.6	8.9	7.8	1.7	3.8	2.8	8.4	1.5	1,398
None	(24.0)	(8.0)	(8.0)	(4.0)	(8.0)	(4.0)	(8.0)	(8.0)	25
Total	17.1	7.8	6.8	1.2	4.5	2.5	7.0	1.6	7,597

Note: Table included 47 women with zero parity, 16 with missing information on delivery characteristic and 3 on place of delivery who were not shown separately. Total also included 9 women in other place of delivery which were not shown separately. ( ) Based on less than 50 unweighted cases.

Figure 4.7
Percentage of Women with Post Delivery Complication and by Symptoms



Karnataka, DLHS-RCH, 2002-04

Women who reported at least one complication during the postpartum period were asked, whether they had consulted or sought treatment for their problems and also the source of treatment. Table 4.15 has shown the percentage of women who had post-delivery complications and who sought treatment by source of treatment according to residence and availability of health facility in the village. Sixty-nine per cent of the women reported that they had obtained advice or had consulted someone for their problems. The proportion was higher among urban women (73 per cent) than among rural women (68 per cent), and 67 per cent of women sought treatment from those villages where health facilities were available as compared to 68 per cent of the women who did not have a health facilities within the village.

Among women who sought treatment for complications in the postpartum period, only 42 per cent visited a government health facility including primary health centre (7 per cent) and sub-centre (3 per cent). Fifty per cent of the women visited a private health facility, and 4 per cent went to a facility with the Indian system of medicine (either government or private) and another 4 per cent obtained advice from other health facilities. The proportion of women who visited a government health facility was relatively higher in rural areas (46 per cent) than in urban areas (34 per cent). On the other hand, the proportion of women who sought treatment from a private health facility was more among women who belonged to villages with availability of health facilities within the village. Among women who sought treatment, 89 per cent preferred to go to a doctor and 9 per cent visited an auxiliary nurse midwife or nurse or LHV, 1 per cent went to other health professionals, and 1 per cent went to some one else. Ninety-two per cent of these women in urban areas, and 87 per cent in rural areas went to a doctor, whereas a visit to an ANM/nurse/LHV was 10 per cent in rural areas and 5 per cent in urban areas. There were also differences by availability of health facilities and non-availability of health facilities in the village. Eighty-nine per cent of the women who belonged

to villages with non-availability of health facilities were seen by the doctor compared to 85 per cent of women belonging to villages with availability of health facilities.

Table 4.15: TREATMENT FOR POST-DELIVERY COMPLICATIONS

Percentage of women who had last live/stillbirths during three years preceding the survey and who had any post-delivery complication, sought treatment for the problems, and source of treatment according to residence and availability of health facility in the village, Karnataka, 2002-04

Treatment and source	Total	Residence		Availability of health facility[5] in the village	
		Rural	Urban	No	Yes
Percentage of women sought treatment who had any post-delivery complication	69.0	67.5	72.7	67.6	67.4
Number of women	1,301	938	363	540	398
Percentage sought treatment at health facility					
Government health facility[1]	42.3	46.0	33.5	46.0	46.1
Primary health centre	6.9	9.2	1.5	7.0	12.2
Sub centre	3.0	3.9	0.7	2.7	5.7
Private health facility[2]	50.2	46.5	58.9	45.4	48.0
ISM[3] facility	4.1	3.2	6.2	4.2	1.9
Other	3.9	4.6	2.2	4.7	4.3
Percentage distribution of women who obtained treatment from					
Doctor	88.6	87.3	91.7	89.0	84.9
ANM/nurse/midwife/LHV	8.6	10.2	4.6	7.8	13.5
Other health professionals[4]	0.6	0.8	0.0	1.2	0.3
Other	1.4	1.6	1.1	2.0	1.0
Missing	0.8	0.1	2.5	0.0	0.2
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	897	633	264	365	268

Note: [1] Included municipal hospital, dispensary, urban health centre/urban health post/urban family welfare centre, community health centre/rural hospital, primary health centre and sub centre.
[2] Included private hospital/clinic and non-governmental organization/ trust hospital.
[3] Either government or private Indian system of medicine.
[4] Other health professionals included Dai (trained or untrained), relative/friends and ISM practitioner.
[5] Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

4.13 Obstetric Morbidity by District

The extent of health problems/complications women suffer during pregnancy, delivery and post-delivery period indicated the state of obstetric morbidity. Table 4.16 has presented the incidence of pregnancy, delivery and post-delivery complications and treatment seeking behaviour in case of pregnancy and post-delivery complications by district. As mentioned earlier, in the state, 18 per cent, 22 per cent and 17 per cent of the women experienced pregnancy, delivery and post-delivery complications respectively. About 71 per cent of the women sought treatment for pregnancy complications and 69 per cent for post-delivery complications. In 21 out of 27 districts, a minimum of less than twenty per cent (7-19 per cent) of the women experienced at least one of the symptoms of pregnancy complications.

In 6 out of 27 districts like, Chikmagalur (43 per cent), Uttara Kannada (38 per cent), Kodagu (33 per cent), Belgaum (25 per cent), Bijapur (25 per cent), and Tumkur (23 per cent), the incidence of pregnancy complications is comparatively higher than other districts. The incidence of delivery complication was higher than that of pregnancy and post-delivery complications. The percentage of women who experienced at least one type of delivery complication ranged from 8 per cent in Chamarajnagar to 43 per cent in Chikmagalur, and incidence of post-delivery complication varied from 3 per cent in Dakshina Kannada to 31 per cent in Chikmagalur. The incidence of all three types of complications seemed to be linked with each other in varying proportions.

In spite of a large proportion of women having contact with a doctor or any other health worker during the antenatal period, in all districts (except Bangalore Urban, Davanagere, Bangalore Rural, Haveri, Uttara Kannada, Belgaum and Kodagu,) less than 80 per cent of the women sought treatment for pregnancy complications. Similarly, among women who experienced at least one symptom of postpartum complication, the proportion seeking treatment also varied across the districts, ranging from 41 per cent in Mandya to 100 per cent in Bagalkot.

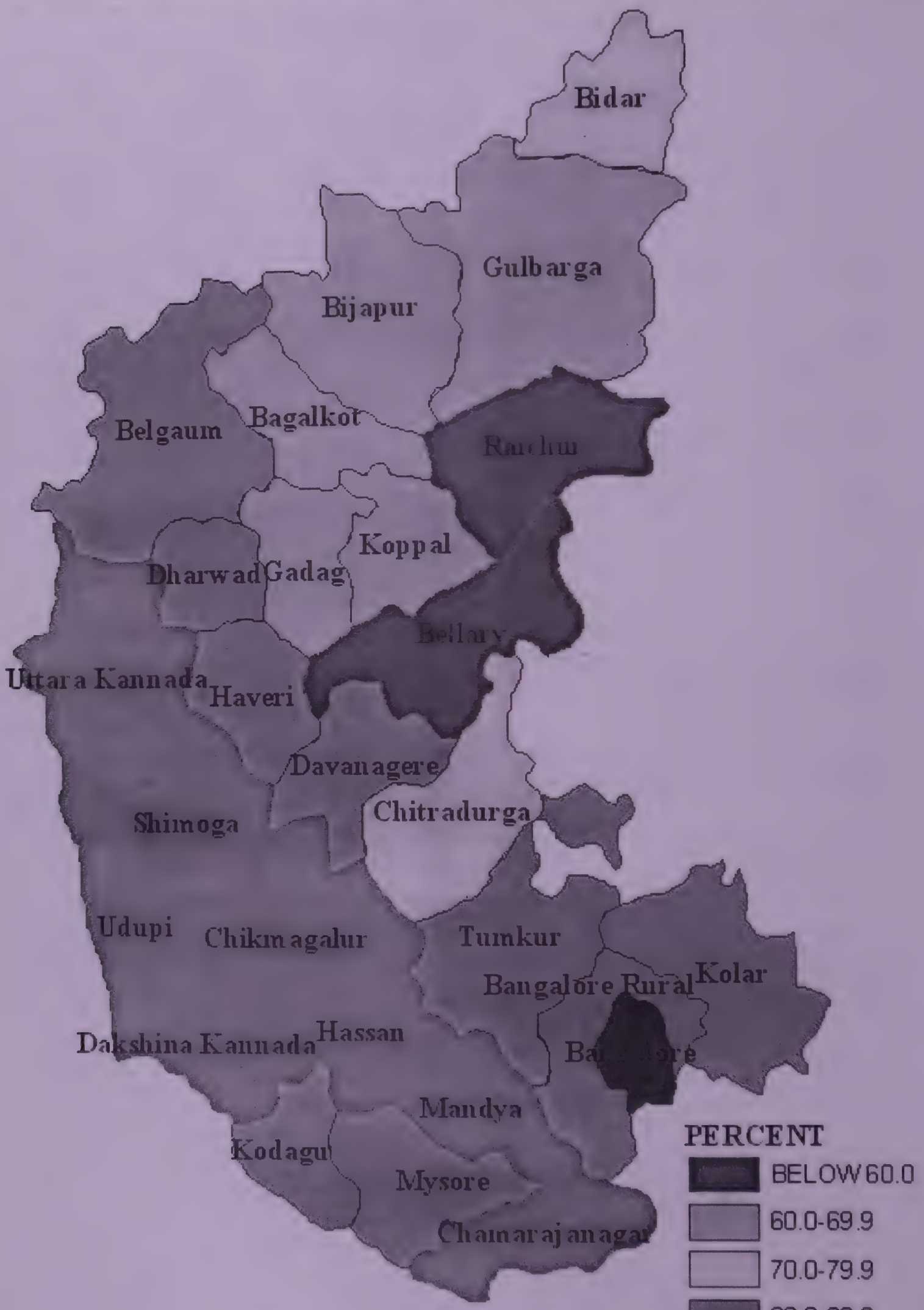
Table 4.16: PREGNANCY, DELIVERY AND POST-DELIVERY COMPLICATIONS

Extent of pregnancy, delivery and post-delivery complications and treatment seeking behaviour by districts, Karnataka, 2002-04

District	Percentage of women[1]				
	Who had complication during pregnancy	Sought[2] treatment for pregnancy complication	Who had delivery complication	Who had post-delivery complication	Sought[3] treatment for post-delivery complication
Bagalkot	14.9	60.2	26.9	13.7	100.0
Bangalore Urban	13.1	90.2	30.0	15.1	68.1
Bangalore Rural	11.1	87.0	18.5	13.8	77.6
Belgaum	25.4	81.3	26.0	24.9	79.7
Bellary	16.8	55.6	22.3	21.6	60.2
Bidar	18.6	72.7	19.3	19.0	67.8
Bijapur	25.4	68.9	29.6	17.8	72.3
Chamarajanagar	11.0	54.6	8.0	5.4	(81.5)
Chikmagalur	42.5	70.5	43.4	30.5	63.8
Chitradurga	12.6	50.1	23.8	14.9	61.6
Dakshina Kannada	7.9	(67.2)	14.1	3.4	(74.3)
Davanagere	17.5	89.0	17.5	15.8	70.5
Dharwad	17.3	67.8	18.8	17.9	76.8
Gadag	18.7	61.0	20.9	24.8	79.7
Gulbarga	18.0	73.4	16.1	18.8	63.5
Hassan	18.8	66.0	20.5	18.5	47.9
Haveri	15.0	85.4	15.4	14.3	95.6
Kodagu	32.6	79.8	26.9	26.0	67.6
Kolar	16.4	71.4	21.3	19.3	65.0
Koppal	16.3	62.7	14.9	19.4	74.0
Mandya	10.8	(61.3)	20.3	14.0	41.2
Mysore	13.8	49.7	18.6	14.8	66.6
Raichur	11.6	53.5	14.2	12.4	54.8
Shimoga	18.4	45.8	22.5	10.1	72.8
Tumkur	23.4	60.7	26.5	19.2	53.9
Udupi	6.8	(73.3)	14.9	5.2	(81.1)
Uttara Kannada	37.6	81.4	33.8	22.8	75.9
Karnataka	17.6	70.8	22.1	17.1	69.0

Note: [1] Women who had last live/stillbirth during three years preceding the survey. [2] Women who reported at least one complication of pregnancy. [3] Women who reported at least one post-delivery complication. ( ) Based on less number of cases.

MAP - 3
Percentage of Women Received Three or More Antenatal Check-ups



MAP - 4
Percentage of Delivery Attended by Skilled Person

CHAPTER V

CHILD CARE AND IMMUNIZATION

Child health services under the Reproductive and Child Health (RCH) programme include health education to mothers on breastfeeding and services for immunization, Vitamin A supplements and Iron prophylaxis, treatment of diarrhoea and Acute Respiratory Infections (ARIs). The District Level Household Survey (DLHS) covered all the currently married women whose last surviving child was born during the three years preceding the survey, and information on those breastfeeding currently and duration of breastfeeding. They were also asked about their awareness of diarrhoea management and danger signs of pneumonia and practices followed in case of episodes of diarrhoea and ARI among the children. Data on immunization, administering Vitamin A supplements and Iron prophylaxis were collected for the last two living children born after January 1, 1999/2001. This chapter has presented an analysis of the data collected on the above aspects.

5.1 Breastfeeding

Educating mothers on correct breastfeeding practices and child nutrition was one of the components of the RCH programme. Infant feeding practices had significant effects on the health of both mothers and children. Mothers were affected through the influences of breastfeeding on the period of postpartum infertility, and hence, on fertility levels and the length of birth intervals. These effects varied according to the duration and intensity of breastfeeding. Proper infant feeding, starting from the time of birth, was important for the physical and mental development of the child. Breastfeeding improved the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provided important nutrients, but also protected the child against infection. The timing and type of supplementary foods introduced in an infant's diet had significant effects on the child's nutritional status.

As recommended by the World Health Organization (WHO), breastfeeding should be initiated immediately after birth and should be continued up to a minimum of six months. The WHO also suggested that the yellowish milk, known as colostrums, should be given to the baby because it provided protection against certain infections. Afterwards, it had to be supplemented with other semi-solid and solid foods at the proper time intervals.

Table 5.1 has shown the breastfeeding practices among children born during the three years preceding the survey in Karnataka. Although, the practice of breastfeeding was common in Karnataka, the initiation of breastfeeding within two hours of the birth of the child is not always followed. Forty per cent of the children were breastfed within two hours of birth, and 57 per cent were breastfed within one day of birth (including those who were breastfed within two hours of birth), while 42 per cent of the children were breastfed after one day of birth. As shown in Figure 5.1, about 17 per cent of the children were breastfed within one day of birth but after two hours of birth, 31 per cent were breastfed after the first day of birth but before 3 days, and 12 per cent of the children were put to the breast after three days. A little less than half of the women (45

per cent) who gave birth to children during the three years preceding the survey squeezed the first milk from the breast before they began breastfeeding. Not more than 63 per cent of the children in any socio-economic groups shown in Table 5.1 were breastfed within two hours of birth. Thirty-one per cent of the children from scheduled tribe were breastfed within two hours of birth, and 55 per cent of children from scheduled castes were breastfed within one day of birth. Women who resided in urban areas, women who have had high school education and above and women who live in households with a high standard of living have much less likely to start breastfeeding their children early. A large proportion of children from urban areas (67 per cent), Christians (84 per cent), children from other castes (64 per cent), children of educated mothers of 10 and above (69 per cent), and children from households with a high standard of living (71 per cent) were put to the breast within one day of birth.

Table 5.1: INITIATION OF BREASTFEEDING

Percentage of children under age 3 whose mother started breastfeeding within two hours of births, within one day of birth, and after one day of birth and percentage whose mother squeezed the first milk from her breast before breastfeeding by selected background characteristics, Karnataka, 2002-04

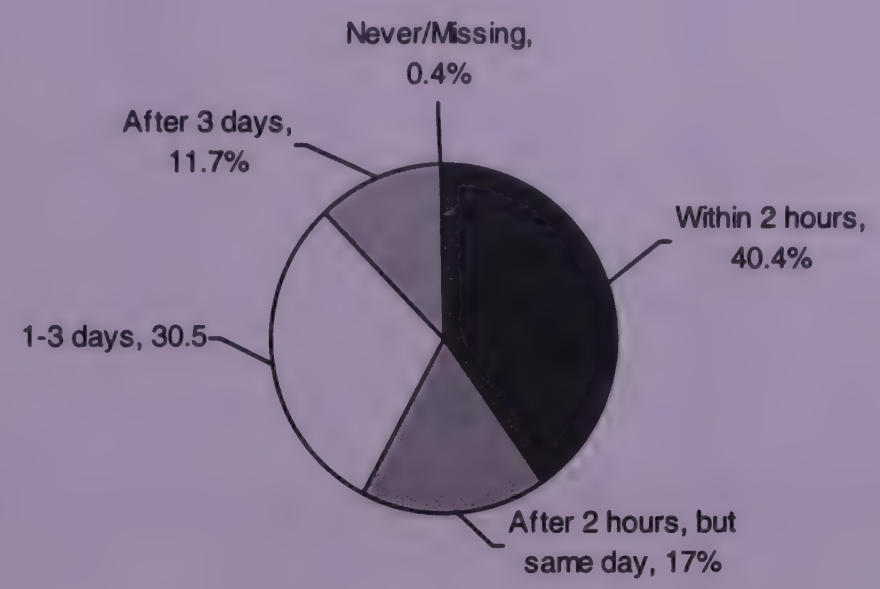
Background characteristic	Percentage started breastfeeding			Percentage whose mother squeezed first milk from breast	Number of children
	Within two hours of birth	Within one day of birth[1]	After one day of birth		
Residence					
Rural	36.6	52.9	46.6	49.4	4,512
Urban	48.2	66.9	32.8	36.6	2,124
Mother's education					
Non-literate	27.8	42.0	57.5	55.4	2,655
0-9 years@	47.7	66.8	32.9	43.3	2,221
10 Years & above	50.1	68.8	31.0	32.5	1,759
Religion					
Hindu	39.7	56.4	43.2	45.9	5,470
Muslim	41.6	59.7	39.8	43.4	986
Christian	63.0	83.8	15.4	34.0	127
Other	26.2	56.8	43.2	43.4	53
Caste/tribe#					
Scheduled caste	38.3	54.7	44.9	49.1	1,310
Scheduled tribe	31.4	44.9	54.9	53.7	595
Other backward class	42.2	58.0	41.5	43.5	3,138
Other	42.5	63.8	36.1	42.1	1,534
Standard of living index					
Low	31.7	47.1	52.4	53.9	2,863
Medium	44.0	61.8	37.7	43.1	2,373
High	51.8	71.0	28.8	31.4	1,399
Total	40.4	57.4	42.2	45.3	6,636

Note: The table based on youngest living child born during the three years preceding the survey.
Total included 1 child with missing information on mother's education were not shown separately.
[1] Includes children who started breastfeeding within two hours of births.
@ Literate mother with no years of schooling were included. #Total figure might not add to N due to 'do not know' and missing cases.

The custom of squeezing the first milk from the breast before breastfeeding is widely practised in every group, but it is slightly higher among the mothers of rural areas, mothers from Hindu religion, mothers of scheduled caste children, and children whose mothers are Non-

literate. Children who live in households with a high standard of living are less likely than children in other households to have mothers who squeezed the first milk from the breast before breastfeeding. Mothers of children born in the three years preceding the survey were asked whether the child had been fed breast milk exclusively and if so, what the duration was. Here, it needs to be mentioned that, exclusive breastfeeding includes breastfeeding the child without giving it anything including water. Results were shown in Table 5.2.

Figure 5.1
Initiation of Breastfeeding



Karnataka, DLHS-RCH, 2002-04

In Karnataka, more than 82 per cent of the children less than four months of age were exclusively breastfed. The percentage of infants exclusively breastfed dropped steadily from 87 per cent for children under 2 months of age to 60 per cent for children who are 4-5 months old. About 78 per cent of the children in the age group 4-6 months were exclusively breastfed up to 4 months and 39 per cent of children in the age group 7-9 months were exclusively breastfed up to 6 months.

Table 5.2: EXCLUSIVE BREASTFEEDING BY CHILD'S AGE

Percentage of children under age 3 years by exclusive breastfeeding and child's age in month, Karnataka, 2002-04

Age in months	Status of exclusive breastfeeding			Number of children
	Exclusive breastfeeding	At least 4 months	At least 6 months	
<2	87.3	*	*	280
2-3	79.1	*	*	412
4-5	60.0	80.2	*	450
6 -7	27.9	72.7	39.0	440
8-9	13.6	81.3	41.8	424
10-11	7.6	75.1	29.0	399
12-13	9.7	75.8	37.4	460
14-15	8.8	78.1	43.0	455
16-17	7.7	73.1	29.6	373
18-19	1.7	69.8	30.4	413
20-21	1.8	75.1	26.3	359
22-23	0.4	74.9	24.6	381
24-25	1.2	73.9	31.6	429
26-27	2.3	74.6	36.9	327
28-29	3.8	77.0	32.6	312
30-31	0.7	77.9	31.8	254
32-33	4.2	75.8	37.7	238
34-35	2.5	78.4	37.4	230
< 4 months	82.4	*	*	692
4-6 months	51.7	78.4	*	690
7-9 Months	15.0	77.7	39.3	624

Note: The table is based on youngest living child born during the three years preceding the survey.

5.1.1 Breastfeeding by Districts

Table 5.3 has shown that in all the districts of Karnataka, except Udupi (78 per cent), Davanagere (69 per cent), Banglaore Urban (64 per cent), Kodagu (63 per cent), Shimoga (62 per cent) and Bangalore Rural (60 per cent), not more than 60 per cent of the children were put to the breast within two hours of birth. Less than 20 per cent of the children were breastfed within two hours of birth in Bijapur, Koppal, Bellary, Raichur and Mysore district. Not more than twenty-five per cent of the children were put to the breast after one day of birth in Udupi, Kodagu, Dakshina Kannada, Davanagere, Shimoga and Banglaore Urban districts. Udupi district was the lowest (6 per cent) as compared to other district where children were put to the breast after one day of birth. In 11 of the 27 districts, the mothers of more than 53 per cent children squeezed the first milk before breastfeeding.

Table 5.3: BREASTFEEDING BY DISTRICT

Percentage of children under age 3 who started breastfeeding within two hours of birth, within one day of birth and after one day of birth, percentage whose mother squeezed the first milk from her breast before breastfeeding and percentage of children who exclusively breastfeed by District, Karnataka, 2002-04

District	Percentage started breastfeeding			Percentage whose mother squeezed first milk from breast	Exclusive breastfeeding[2]
	Within two hours of birth	Within one day of birth[1]	After one day of birth		
Bagalkot	29.3	42.4	56.6	59.8	49.0
Banglaore Urban	63.9	75.2	24.8	38.1	22.7
Bangalore Rural	60.4	65.2	33.2	30.8	25.7
Belgaum	38.6	49.3	50.1	38.3	42.5
Bellary	15.7	36.5	63.1	59.3	61.0
Bidar	30.8	43.2	56.0	44.1	11.9
Bijapur	19.3	34.7	64.5	64.1	24.5
Chamarajanagar	53.0	69.2	30.8	69.0	15.6
Chikmagalur	46.2	73.9	26.1	37.8	31.0
Chitradurga	41.3	67.6	32.0	53.2	21.8
Dakshina Kannada	38.5	83.7	16.3	25.3	42.3
Davanagere	68.9	77.5	21.9	61.2	20.3
Dharwad	25.5	47.5	51.1	62.8	85.5
Gadag	30.5	48.1	50.8	61.0	53.9
Gulbarga	21.2	32.6	67.4	58.0	8.9
Hassan	57.6	68.3	31.2	28.6	41.6
Haveri	52.0	71.7	28.3	55.3	24.8
Kodagu	62.9	83.8	15.9	34.3	35.1
Kolar	53.9	67.7	32.3	36.2	36.0
Koppal	17.6	26.7	72.8	47.1	28.6
Mandya	47.1	71.0	29.0	33.5	52.4
Mysore	14.5	65.9	33.7	24.4	39.5
Raichur	14.7	25.2	74.7	58.0	38.4
Shimoga	61.7	78.0	22.0	49.0	44.9
Tumkur	37.9	63.7	35.8	46.7	39.1
Udupi	78.1	93.5	5.6	39.0	24.6
Uttara Kannada	44.5	67.3	32.1	40.3	37.2
Karnataka	40.0	57.1	42.4	45.1	34.1

Note: The table is based on youngest living child born during the three years preceding the survey.
[1] Includes children who started breastfeeding within two hours of births. [2] Based on youngest children age 6 months and older at the time of the survey and breastfeed exclusively 6 months or more as mothers reported.

There was a great deal of variation in the extent of exclusive breastfeeding for six months. It was highest in Dharwad (86 per cent) and lowest in Gulbarga (9 per cent) and in Bidar (12 per cent).

5.2 Immunization of Children

The immunization of children against six serious but preventable diseases, namely, tuberculosis, diphtheria, pertusis, poliomyelitis and measles was the main component of the child survival programme. As part of the National Health Policy, the National Immunization Programme is being implemented on a priority basis. The Government of India initiated the Expanded Programme on Immunization (EPI) in 1978 with the objective of reducing morbidity, mortality and disabilities among children from six diseases.

The Universal Immunization Programme (UIP) was introduced in 1985-86 with the objective of covering at least 85 per cent of all infants against the six vaccine preventable diseases by 1990. This scheme was introduced in every district of the country. The standard immunization schedule developed for the child immunization programme specified the age at which each vaccine should be administrated and the number of doses to be given. Routine vaccinations received by infants and children were usually recorded on a vaccination card that was issued for the child.

In the first phase of Round II, all the women with last and last but one living child born after January 1, 1999 were asked whether the child/children had received vaccination against polio, tuberculosis (BCG), diphtheria, whooping cough (pertusis), tetanus (DPT) and measles, and for the second phase, the reference period was from January 1, 2001. For Polio and DPT, further information on polio at birth and number of doses were asked. Children who received BCG, three doses of DPT and polio (excluding polio 0) and measles were considered to be fully vaccinated. Information on the source of immunization for the last dose and in case where immunization was not given, the reason for not giving immunization was also compiled.

Table 5.4, Figures 5.2 and 5.3 have presented vaccination coverage rates for children in the age group 12-23 months. More than 71 per cent of the children had been fully vaccinated, and around 5 per cent had not received any routine vaccination. Coverage of each vaccination except Polio 0 was much higher than the percentage fully vaccinated. BCG, the first and second dose of DPT and Polio vaccine had each been given to more than three-fourths of children (Figure 5.3). Only 83 per cent of the children had received three doses of DPT and 82 per cent of the children had received 3 drops of Polio, and only 77 per cent of the children had been vaccinated against measles. Moreover, not all children who began the DPT and polio vaccination series, went on to complete them. The differences between the percentage of children receiving the first and third doses were 9 percentage points for DPT and 10 percentage points for polio.

There has been some improvement in full vaccination coverage in Karnataka since the time of Round I in 1998-99. These data indicated that despite the progress that had been made in immunization coverage for children in Karnataka, coverage levels are still slightly low and a large proportion of children who had received some early vaccinations dropped out of the programme before receiving all of the recommended vaccinations.

Table 5.4: VACCINATION OF CHILDREN

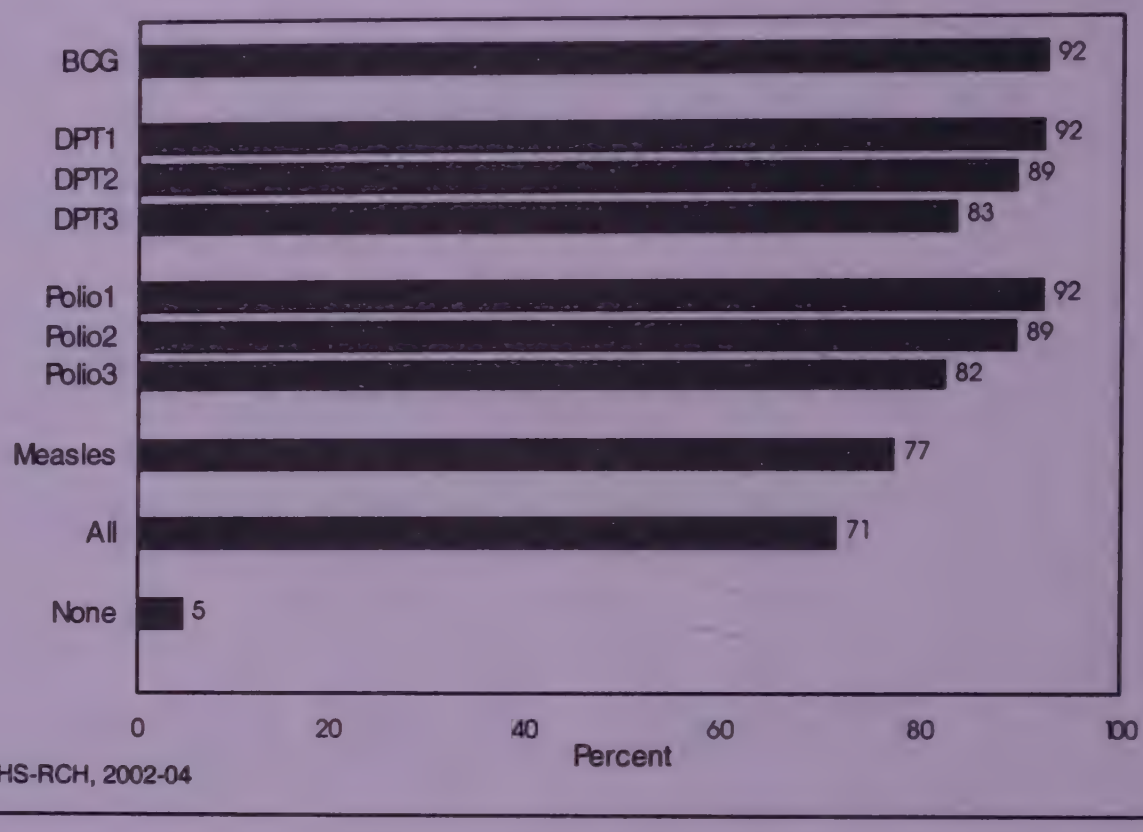
Percentage of children age 12-23 months who received vaccination according to some selected background characteristics, Karnataka, 2002-04

Background characteristic	Polio 0	BCG	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Measles	Full [1] vaccination	No vaccination	Number of children
Residence												
Rural	61.7	91.2	91.2	88.2	80.9	91.1	88.4	80.2	74.1	67.8	5.1	1,781
Urban	87.7	95.1	94.6	92.1	88.5	94.1	91.1	87.2	83.8	78.9	3.8	826
Sex of the child												
Male	70.1	92.6	92.0	89.1	83.1	92.2	89.4	82.7	77.4	71.4	5.0	1,357
Female	69.7	92.2	92.5	89.7	83.4	91.9	89.2	82.2	76.9	71.2	4.5	1,250
Birth order												
1	77.5	94.3	93.1	90.4	86.9	92.8	90.3	85.8	82.6	77.9	4.0	887
2	73.5	94.9	94.9	92.2	87.8	94.2	91.5	86.7	80.5	73.8	3.3	886
3	66.4	93.7	93.6	90.4	81.0	93.7	90.5	79.8	71.5	65.6	2.9	465
4+	47.7	80.3	82.2	79.0	66.7	83.0	80.2	67.5	63.5	56.6	12.3	369
Mother's education												
Non-literate	52.3	85.6	86.3	82.2	72.7	86.8	83.0	72.2	64.8	57.8	8.7	1,069
0-9 years@	77.9	96.3	95.5	93.1	89.0	95.0	92.4	88.3	83.5	78.2	2.6	911
10 years & above	88.5	98.5	97.7	96.3	93.0	96.8	95.5	91.4	89.1	84.3	0.9	626
Religion												
Hindu	68.4	92.3	92.1	89.3	83.3	91.8	89.2	82.5	76.9	71.0	4.9	2,107
Muslim	75.6	92.1	92.0	88.9	80.8	92.0	88.4	79.6	75.9	69.1	4.8	426
Christian	74.9	97.5	98.2	96.4	96.4	98.2	96.4	96.4	93.6	91.7	0.6	57
Caste/tribe#												
Scheduled caste	62.0	90.3	93.0	89.1	80.8	92.8	89.1	80.2	75.7	69.1	5.2	506
Scheduled tribe	59.6	88.1	87.4	84.2	77.7	88.8	85.5	78.0	67.1	59.5	6.2	239
Other backward class	72.3	93.5	92.3	90.0	84.5	91.9	90.0	83.8	78.4	73.3	4.7	1,250
Other	74.9	93.4	93.1	90.1	84.6	92.7	89.0	82.9	79.7	73.2	4.0	586
Standard of living index												
Low	55.9	87.1	87.4	84.3	75.5	87.6	84.9	75.3	68.3	61.8	7.9	1,107
Medium	75.3	95.4	94.7	92.2	87.0	94.3	91.8	85.4	79.5	74.2	3.2	991
High	90.0	98.4	98.1	95.1	93.0	97.4	94.0	92.2	91.9	86.5	0.8	509
Total	69.9	92.4	92.2	89.4	83.3	92.1	89.3	82.4	77.2	71.3	4.7	2,607

Note: The table is included only last and last but one living child born since 1.1.1999/1.1.2001.
Total included 18 women in other religion who had not been shown separately.
@ Literate mothers with no years of schooling were included. # Total figure may not add to N due to 'do not know' and missing cases.
[1] BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles.

The data have indicated that the coverage of each type of vaccine was more in urban areas than in rural areas. Seventy-nine per cent of the children in urban areas had received all the recommended vaccinations by the time of the survey, compared with 68 per cent in rural areas. Differentials in rural-urban against polio 0 may be observed from the table. Eighty-eight per cent of the children had received polio vaccine at the time of birth in urban areas whereas 62 per cent of the children had received the same in the rural areas.

Figure 5.2
Percentage of Chidren Age 12-23 Months
Who Have Received Specific Vaccinations



Karnataka, DLHS-RCH, 2002-04

Though male and female children (71 per cent) had been fully vaccinated, there were slight variation between these children in receiving most of the individual vaccinations as a whole. The relationship between vaccination coverage and birth order was consistently negative for almost all vaccinations. A large majority of the first-order births occurred to younger women who were more likely than older women to utilize child health care services. As with the use of child health care services, there was a positive relationship between mother's education and children's vaccination coverage. Only 58 per cent of the children of non-literate mothers had been fully vaccinated compared to 78 per cent of the children with mothers' education below high school and 84 per cent of mothers who have at least completed high school. Christian children were much more likely than Hindu and Muslim children to have received each of the recommended vaccinations except in the case of Polio 0. The Muslim children had bypassed the Christian and Hindu children in receiving receive Polio 0. Children from Scheduled Castes were more likely to have received each of the recommended vaccinations than Scheduled Tribes, and children from `other' caste categories were more likely to have received each of the recommended vaccinations than Backward Classes. The standard of living index of the household had a strong positive relationship with vaccination coverage. Eighty-seven per cent of

the children from households with a high standard of living had been fully vaccinated, whereas only 62 per cent of children were from households with a low standard of living.

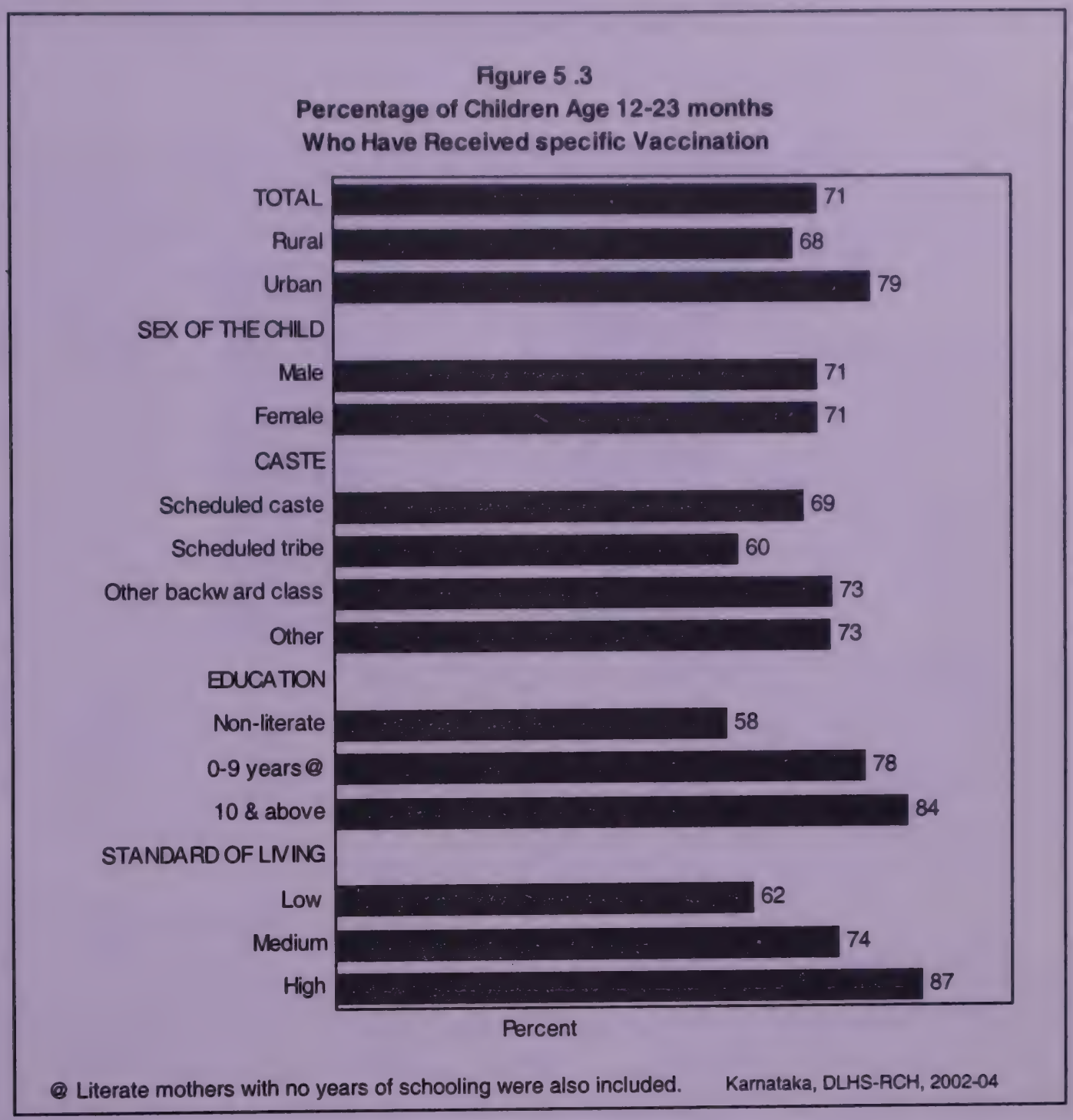


Table 5.5 has shown the percentage of children in the age group 12-23 months and 24-35 months with a vaccination card, and the percentage who had received various vaccinations during the first year of life by current age of children and place of residence. The interviewer was shown this vaccination cards.

The proportion of children fully vaccinated by age 12 months increased slightly from 71 per cent for children in the age group 12-23 months to 77 per cent for children in the age group 24-35 months. A rural-urban differential for the coverage of full vaccination was also observed. Sixty-eight per cent of the children in the age group 12-23 months had been fully vaccinated against 74 per cent of children in the age group 24-35 months in rural areas, and this gap is much

wider in urban areas (Figure 5.4). About 79 per cent of the children in the age group 12-23 months havd received all vaccinations in urban areas compared to 83 per cent with children in the age group 24-35 months. Elder children aged 24-35 months were more likely to receive each type of vaccine except Polio-0, Polio-2 and Polio-3, and DPT-2 and DPT-3.

Table 5.5: CHILDHOOD VACCINATION RECEIVED BY 12 MONTHS OF AGE

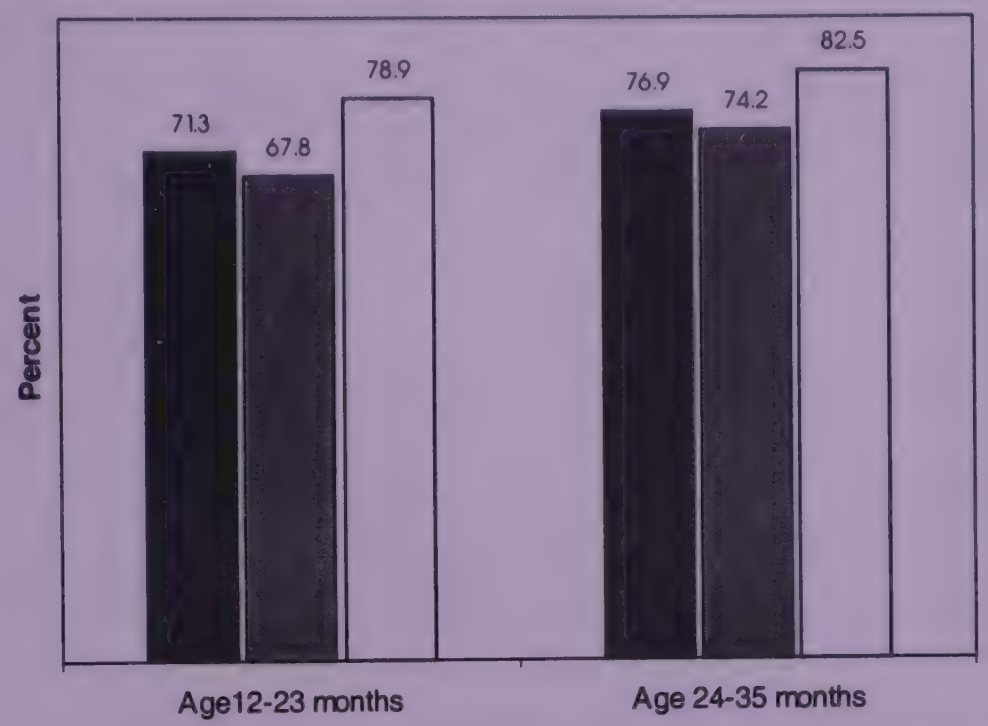
Percentage of children age 12-23 months and 24-35 months with a vaccination card that was shown to the interviewer and percentage who received specific vaccinations by 12 months of age according to residence, Karnataka, 2002-04

	Total		Rural		Urban	
Vaccination status	12-23 months	24-35 months	12-23 months	24-35 months	12-23 months	24-35 months
Vaccination card shown to interviewer	41.1	32.6	40.6	30.5	42.2	37.2
Percentage vaccinated by 12 months of age						
Polio 0	69.9	68.5	61.7	60.1	87.7	86.2
BCG	92.4	92.5	91.2	91.1	95.1	95.6
Polio doses						
No Polio	6.9	7.0	7.7	7.8	5.1	5.5
1	2.8	1.9	2.7	1.7	3.0	2.3
2	6.9	5.2	8.3	5.9	3.9	3.6
3	82.9	85.4	80.7	84.2	87.8	88.2
Don't remember	0.5	0.5	0.6	0.5	0.1	0.4
DPT injection						
No DPT	7.2	7.2	8.1	8.0	5.2	5.5
1	2.8	1.5	3.0	1.9	2.5	0.8
2	6.1	5.0	7.3	6.0	3.6	2.9
3	83.3	85.7	80.9	83.6	88.5	90.1
Don't remember	0.6	0.6	0.8	0.5	0.1	0.6
Measles	77.2	83.8	74.1	81.2	83.8	89.3
Full [1] vaccination	71.3	76.9	67.8	74.2	78.9	82.5
No vaccination at all	4.7	4.5	5.1	5.3	3.8	2.8
Number of children	2,607	2,521	1,781	1,711	826	810

Note: Table included only last and last but one living child born since 1.1.1999/1.1.2001.

[1] BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles.

Figure 5.4
Child vaccination by age



5.3 Source of Immunization

Table 5.6 has presented the per cent distribution of children under three years of age who had received any vaccination by the source of last vaccine, according to place of residence and availability of health facilities in the village. Most of the children (74 per cent) had been immunized at the government health facilities and only fourteen per cent at private health facilities. Further, among the children immunized, 43 per cent from the Government/municipal hospital, 17 per cent of them had received vaccination from the sub-centre, and 13 per cent from community health centre or from the primary health centre. The percentage of children receiving vaccination from the private sector was considerably lower in rural areas (2 per cent) than in urban areas (7 per cent). Even in urban areas, however, 62 per cent of the children received their vaccination from the government health facilities. Children from those villages where health facilities were available were slightly more likely to have received vaccination from government health facilities.

Table 5.6: SOURCE OF CHILDHOOD VACCINATION

Percentage distribution of children under age 3 who have received any vaccination by source of last vaccination, according to place of residence and availability of health facilities in the village, Karnataka, 2002-04

Source of vaccination	Total	Residence		Availability of health facility[1] in the village	
		Rural	Urban	No	Yes
Government health sector					
Government/municipal hospital	43.0	40.4	48.5	45.5	33.9
Community/primary health centre	13.2	16.6	6.1	12.4	22.0
Sub-centre	16.8	21.3	7.1	19.1	24.2
RCH/MCP camp	1.3	1.8	0.1	2.1	1.5
Private health sector					
Private hospital	10.8	4.1	24.9	3.5	4.9
Private doctor	3.5	1.7	7.4	1.2	2.3
ISM[2] health facility	1.4	0.4	3.6	0.5	0.3
Other	9.6	13.1	2.2	15.4	10.2
Do not remember	0.3	0.4	0.2	0.3	0.5
Missing	0.0	0.0	0.0	0.0	0.0
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of children	6,952	4,730	2,233	2,656	2,073

Note: Table included last and last but one living children born in the three years preceding the survey.
[1] Included sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.
[2] Either government or private health facility of Indian System of Medicine.

5.4 Reason for Not Immunizing the Children

Table 5.7 has presented the percentage distribution of children under the age of three years who had not received any vaccination by reason as reported by the mother according to place of residence and availability of health facilities in the village. About 17 per cent of the children had not received any vaccination because the mothers of children were unaware of the need for immunization, and 33 per cent of the children had not been vaccinated, as the mothers feel that they were too young. The other reasons for not immunizing the children as reported by the mothers were fear of side-effects (14 per cent), place or time of vaccination was not known (8 per cent), family problems (8 per cent), no faith in vaccination (8 per cent), ANM absent/ vaccine not available (5 per cent), place or time of vaccination was inconvenient (5 per cent), long waiting time (1 per cent) and other reasons (2 per cent). The percentage of children who had not received any vaccinations was considerably lower in rural areas (17 per cent) than in urban areas (20 per cent), as they were unaware of the need for immunization as reported by their mothers. Children from those villages where health facilities were available were more likely to report that they were unaware of the need for immunization as compared to those villages where health facilities were available. Where health facilities were available, no faith in immunization and child too young were reported more as reasons for not immunizing the children compared to the areas without having the same.

Table 5.7: REASON FOR NOT GIVING VACCINATION

Percentage distribution of children under age 3 who did not receive any vaccination by reason reported by mother for not giving vaccination, according to place of residence and availability of health facilities in the village, Karnataka, 2002-04

Reason	Total	Residence		Availability of health facility[1] in the village	
		Rural	Urban	No	Yes
Unaware of need for immunization	17.4	16.8	19.5	15.1	19.1
Place/time unknown	8.1	8.3	7.3	10.0	5.9
Place/time inconvenient	4.6	4.3	5.4	5.5	2.7
Fear of side effect	13.9	13.0	16.7	15.1	10.1
No faith	7.6	8.2	5.4	6.9	10.0
ANM absent/vaccine not	5.2	6.0	2.7	6.0	6.1
Long waiting time	0.8	0.5	1.6	0.5	0.6
Child too young	32.7	33.6	29.6	31.6	36.4
Family problems	7.9	7.4	9.3	7.3	7.5
Other	1.9	1.8	2.5	2.0	1.5
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of children	578	443	136	257	185

Note: Table included last and last but one living children born in the three years preceding the survey.
[1] Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.
[2] Included mothers too busy, family problems, including illness of mother, and illness of child.

5.5 Vitamin A and IFA Supplements

Vitamin A deficiency was one of the most common nutritional deficiency disorders in the world, affecting more than 250 million children worldwide (Bolem et. al., 1997). The child survival programme also included administration of five doses of Vitamin A for the prevention of night blindness and distribution of IFA for iron supplement. In Round II, mothers of children born during the three years before the survey were asked whether their children had received a dose of Vitamin A and IFA tablets/syrup. Those who said that their children had received a dose of Vitamin A and IFA tablets/syrup were further asked how many doses were given. Table 5.8 has shown the percentage of children in the age group 12-35 months who had received at least one dose of Vitamin A and IFA tablets/syrup by selected background characteristics. In the state of Karnataka as a whole, 47 per cent of the children had received at least one dose of Vitamin A, and only seven per cent received IFA tablets/syrup. This indicates that a large number of children in Karnataka had not received Vitamin A supplements and very few children had received IFA tablets/syrup supplementation.

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Table 5.8: VITAMIN A AND IFA SUPPLEMENTATION FOR CHILDREN

Percentage of children age 12-35 months who have received at least one dose of Vitamin A and iron folic acid tablets/syrup, according to selected background characteristics, State, 2002-04

Background characteristic	Percentage who received at least one dose of vitamin A	Percentage who received iron folic acid tablets/syrup	Number of children
Age of the child			
12-23 months	43.6	6.6	2,607
24-35 months	49.9	8.2	2,521
Sex of the child			
Male	48.6	7.9	2,648
Female	44.8	6.9	2,480
Birth order			
1	50.6	8.6	1,887
2	49.8	6.7	1,707
3	42.8	7.8	840
4+	33.5	5.5	694
Residence			
Rural	44.9	6.7	3,492
Urban	50.6	8.9	1,636
Mother's education			
Non-literate	36.9	5.0	2,101
0-9 years@	52.8	8.2	1,789
10 years & above	54.6	10.2	1,238
Religion			
Hindu	47.3	7.6	4,213
Muslim	40.9	5.8	790
Christian	67.8	13.2	98
Other	48.1	1.6	27
Caste/tribe #			
Scheduled caste	46.5	6.6	987
Scheduled tribe	45.4	7.6	470
Other backward class	46.9	6.0	2,433
Other	47.2	10.7	1,190
Standard of living index			
Low	40.2	6.1	2,202
Medium	48.7	6.8	1,883
High	56.8	11.2	1,043
Availability of health facility in the village[1]			
Yes	48.3	9.4	1,484
No	42.5	4.7	2,008
Total	46.7	7.4	5,128

Note: Table included last and last but one living children born in the three years preceding the survey.
@ Literate mother with no years of schooling are also included here. # Total figure might not add to N due to do not know and missing cases. [1] Included sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.

Children in the age group 24-35 months have more likely to have received at least one dose of Vitamin A and IFA tablets/syrup each than children in the age group 12-23 months. Male children were more likely to have received Vitamin A and IFA tablets/syrup than female children. Children living in urban areas, children whose mothers had completed high school and

above, children living in households with a high standard of living, and children living in those villages where health facilities were available were more likely to have received a dose of Vitamin A and IFA tablets/syrup. Children of birth order 4 or above are much less likely than children of birth order 1, 2 or 3 to have received any dose of vitamin A and IFA tablets/syrup. Similarly, children from Schedule Tribes were less likely to receive at least one dose of Vitamin A and a dose of IFA tablets/syrup than other caste categories.

5.6 Immunization Coverage by Districts

The coverage of vaccination rates for all vaccines for children in the age group 12-23 months in each district has been presented in Table 5.9. There were inter-district differentials in the coverage for different vaccinations, and for children receiving all vaccinations and those that did not receive any vaccination at all. The percentage of children who were fully vaccinated ranged from 41 per cent in Bagalkot to 96 per cent in Uttara Kannada. In six districts, namely, Bagalkot (41 per cent), Koppal (42 per cent), Raichur (43 per cent), Gulbarga (45 per cent), Bijapur (49 per cent) and Belgaum (50 per cent) the coverage of full immunization is below 55 per cent (see Map-5) and including these six districts in Bidar (60 per cent) and Haveri (66 per cent), the coverage rate of full immunization was below the state average of 71 per cent. Twenty-six per cent of children in Raichur district had not been vaccinated at all, and in six districts, the percentage of children not vaccinated was higher than the state average. The percentage of children who had received the measles vaccinated ranges from 50 per cent in Raichur to 99 per cent in Uttara Kannada. In eight districts, namely, Haveri (71 per cent), Bidar (66 per cent), Bijapur (64 per cent), Belgaum (55 per cent), Bagalkot (55 per cent), Koppal (54 per cent), Gulbarga (54 per cent) and Raichur (50 per cent), the coverage of measles vaccination was below 55 per cent. The coverage of polio drops at the time of birth varied from the lowest in Raichur (37 per cent), which was below the state average (70 per cent) to the highest in Bangalore Urban (99 per cent).

District-wise variations in the percentage of children who had received at least one dose of Vitamin A had been also shown in Table 5.9. The percentage of children in the age group 12-35 months who had received at least one dose of Vitamin 'A' supplements range from 19 per cent in Bagalkot to 79 per cent in Udupi. In 13 out of 27 districts, namely, Mysore (46 per cent), Bellary (45 per cent), Gadag (44 per cent), Haveri (43 per cent), Dharwad (42 per cent), Chitradurga (39 per cent), Koppal (33 per cent), Bijapur (29 per cent), Raichur (29 per cent), Gulbarga (27 per cent), Bidar (26 per cent), Belgaum (21 per cent) and Bagalkot (19 per cent) stood out as having below the state average (47 per cent) in receiving at least one dose of Vitamin A.

Table 5.9: CHILDHOOD VACCINATION BY DISTRICT

Percentage of children who received specific vaccinations and Vitamin A supplementation by district , Karnataka, 2002-04

District	Percentage vaccinated							Percentage received at least one dose of vitamin A
	Polio 0	BCG	DPT3	Polio3	Measles	Full[1]	None	
Bagalkot	66.2	92.4	66.7	65.9	54.5	41.0	4.4	19.0
Banglaore Rural	82.8	100.0	96.4	97.8	87.9	86.5	0.0	77.0
Bangalore Urban	99.0	100.0	96.1	96.1	92.4	91.0	0.0	64.4
Belgaum	58.3	90.1	67.8	67.8	54.7	50.1	9.3	20.8
Bellary	47.3	93.7	86.0	83.5	78.2	71.7	4.6	44.8
Bidar	52.4	92.5	77.2	78.0	65.9	59.8	5.1	26.3
Bijapur	73.6	88.6	64.2	67.7	64.1	49.2	4.5	29.4
Chamarajanagar	60.8	100.0	95.3	94.5	88.0	84.3	0.0	53.4
Chikmagalur	87.6	96.8	97.3	97.3	86.8	86.8	0.0	58.8
Chitradurga	63.8	96.9	92.2	89.6	83.9	80.9	3.1	39.4
Dakshina Kannada	89.4	100.0	93.0	92.7	95.2	90.0	0.0	49.7
Davanagere	48.8	100.0	87.5	86.4	87.7	76.8	0.0	68.0
Dharwad	81.2	94.0	82.8	81.7	78.1	71.8	6.0	41.6
Gadag	67.5	94.8	94.7	91.4	78.8	73.1	0.0	43.8
Gulbarga	42.2	72.3	60.6	58.0	53.5	44.8	13.1	26.8
Hassan	86.3	97.3	97.6	98.8	94.3	90.5	0.0	71.8
Haveri	61.9	93.0	93.6	92.2	70.7	66.0	4.1	43.1
Kodagu	92.3	93.2	96.1	94.4	95.0	89.9	0.0	70.6
Kolar	67.6	95.1	89.5	86.5	96.0	85.6	2.2	55.6
Koppal	54.1	73.6	58.1	57.9	53.7	41.9	17.9	32.9
Mandya	88.7	100.0	92.3	90.0	83.5	79.1	0.0	61.3
Mysore	80.2	98.5	95.6	91.4	96.3	89.9	0.0	45.5
Raichur	37.0	67.7	53.2	55.9	50.0	42.7	25.9	28.5
Shimoga	69.9	98.3	99.3	93.1	93.4	86.1	0.7	73.8
Tumkur	87.9	98.0	97.3	97.3	87.7	87.7	1.0	61.9
Udupi	94.6	100.0	100.0	94.8	94.9	89.7	0.0	79.1
Uttara Kannada	93.4	99.6	97.9	99.6	98.6	96.2	0.0	54.7
Karnataka	69.9	92.4	83.3	82.4	77.2	71.3	4.7	46.7

Note: Table included only last and last but one living child born since 1.1.1999/1.1.2001.

[1] BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles.

5.7 Child Morbidity and Treatment

In this section we have discussed discusses the awareness, prevalence and treatment of diarrhoea and acute respiratory infection (ARI). Mothers of surviving children born during the three years preceding the survey were asked if their children had suffered from cough and cold or diarrhoea during the two weeks preceding the survey, and if so, the type of treatment that had been given. Accuracy of all these measures was affected by the reliability of the mother's recall of when the diseases occurred.

5.7.1 Awareness of Diarrhoea

Diarrhoea is a major killer disease of children under five years of age. Deaths from acute diarrhoea are mostly due to dehydration resulting from loss of water and electrolytes. An attempt was made to collect data on awareness of diarrhoea management and the practice followed during the episode of diarrhoea. This has been presented in Table 5.10.

Table 5.10: AWARENESS OF DIARRHOEA

Percentage of women who are aware of diarrhoea management, type of practice followed if child gets diarrhoea, and percentage of women whose child suffered[1] from diarrhoea by selected background characteristics, Karnataka, 2002-04

Background characteristic	Knowledge of diarrhoea manage-ment	Type of practices to be followed do if child gets diarrhoea*						Number of women
		Give ORS	Salt and sugar solution	Continue normal food	Continue breastfe-ding	Give plenty of fluids	Do not know	
Age								
15-24	46.8	21.6	10.2	3.1	3.1	2.7	52.9	4,250
25-34	54.9	32.3	18.2	4.1	4.5	4.3	44.7	2,892
35-44	45.2	22.9	20.3	6.1	3.9	4.2	54.5	290
Residence								
Rural	44.6	21.7	10.4	3.3	3.3	2.8	55.0	5,009
Urban	60.9	34.1	20.5	4.2	4.4	4.5	38.9	2,423
Mother's education								
Non-literate	36.0	11.4	6.1	3.0	2.3	2.0	63.7	3,005
0-9 years@	51.6	28.6	13.3	3.0	3.7	2.8	48.0	2,455
10 Years & above	68.8	44.2	25.7	5.1	5.7	6.1	30.8	1,972
Religion								
Hindu	49.2	24.9	13.7	3.6	3.4	3.2	50.5	6,097
Muslim	50.6	26.8	12.4	3.0	4.1	3.8	49.0	1,127
Christian	63.7	45.5	21.7	4.8	8.3	6.3	35.2	144
Other	67.3	43.8	18.7	11.2	9.2	4.7	30.4	64
Caste/tribe#								
Scheduled caste	42.4	18.3	8.4	2.4	2.2	2.2	57.3	1,460
Scheduled tribe	40.0	18.2	9.2	4.4	3.1	3.1	59.6	660
Other backward class	53.8	27.4	13.6	2.7	3.0	2.4	45.9	3,513
Other	51.7	31.6	19.7	5.9	6.6	6.6	47.9	1,733
Standard of living index								
Low	38.4	15.8	7.8	2.9	2.4	2.1	61.3	3,180
Medium	52.0	27.3	13.1	3.5	3.7	3.3	47.8	2,639
High	69.0	42.9	26.4	5.1	6.2	6.0	30.4	1,614
Availability of health facility[2] in the village								
Yes	42.7	21.0	12.3	4.1	4.7	3.1	57.1	2,222
No	46.1	22.4	9.0	2.6	2.3	2.6	53.3	2,787
Total	49.9	25.8	13.7	3.6	3.7	3.4	49.8	7,432

Note: The table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.
[1] Last two weeks prior to survey. @ Literate mother with no years of schooling are included. # Total figure might not add to N due to do not know and missing cases. [2] Included sub-centre, primary health canter, Community health centre or referral hospital, government hospital, and government dispensary within the village. Total included 1 women missing information on education which were not shown separately

In Karnataka, 50 per cent of the mothers with births three years preceding the survey were aware of what to do when a child had diarrhoea, as compared to 64 per cent in Round I, and 26 per cent were aware of ORS, as compared to 38 per cent in Round I. Fourteen per cent of the women were aware of salt and sugar solution. Some of the women also reported that they would continue normal food (4 per cent), breastfeeding (4 per cent), and give plenty of fluids (3 per cent), and about 50 per cent of the women did not know what to give to a child who had diarrhoea. As expected, the knowledge of ORS was higher among urban women (34 per cent) than rural women (22 per cent), and among high school and above educated women (44 per cent) as compared to non-literate women (11 per cent). Women belonging to both Schedule Castes and Schedule Tribes (18 per cent) were less likely to know about ORS than women belonging to other caste groups (32 per cent). Forty-three per cent of the women with children having a high standard of living knew about ORS and it declined to 27 per cent for women with a medium standard of living and 16 per cent with a low standard of living. Knowledge of ORS was more among middle age groups than among younger and older women. Women from villages where health facilities were not available were slightly more aware of diarrhoea management than women from villages where health facilities were available.

5.7.2 Treatment of Diarrhoea

During the two weeks before the survey, 13 per cent of the women reported that their children suffered from diarrhoea (Table 5.11). Women, whose children had diarrhoea, were further asked about the treatment with ORS, any other medical treatment and source of treatment. About 33 per cent of the women mentioned that they gave ORS therapy, and 72 per cent of the women said that their child had been treated at a health facility. Use of ORS for the treatment of childhood diarrhoea in Karnataka was relatively high among urban women than among rural women.

It was observed that a relatively high proportion of women from those villages where health facilities were available within the village used ORS for the treatment of childhood diarrhoea.

Among those mothers whose children suffered from diarrhoea during the last two weeks before the survey and those women who consulted or obtained advice, about 65 per cent of the women visited private hospitals/clinics and 18 per cent of the women treated their children through the Indian System of Medicine.

Table 5.11: TREATMENT OF DIARRHOEA

Percentage of women who sought treatment whose child suffered from diarrhoea and by source of treatment, according to place of residence and availability of health facility in the village, Karnataka, 2002-04

Sought treatment/ source of treatment	Total	Residence		Availability of health fcaility[2] in the village	
		Rural	Urban	Yes	No
Percentage of women whose child suffered[1] from diarrhoea	12.6	12.8	12.4	13.1	12.5
Number of women	7,432	5,009	2,423	2,222	2,787
Percentage of women whose child suffered[1] from diarrhoea treated with ORS	32.7	29.9	38.6	34.5	26.1
Percentage of women whose child suffered[1] from diarrhoea sought treatment	72.2	71.1	74.6	79.5	64.1
Number of women	940	639	300	292	348
Source of treatment					
Government health facility					
Hospital/dispensary	18.0	18.8	16.4	16.5	21.2
UHC/UHP/UFWC	0.2	0.3	0.0	0.0	0.6
CHC/ Rural hospital	1.0	1.1	0.8	0.8	1.3
Primary health centre	6.3	8.9	0.9	10.1	7.6
Sub centre	2.3	3.4	0.0	5.7	1.1
Private health facility					
NGO/Trust hospital/clinic	0.5	0.3	0.9	0.0	0.7
Private hospital clinic	65.0	60.2	75.0	61.7	58.6
ISM[3] facility	18.1	18.1	18.1	15.0	21.3
Home remedy	2.1	2.2	2.1	1.8	2.5
Other	1.6	1.7	1.3	1.2	2.2
Percentage distribution of women who seek treatment by					
Doctor	90.8	88.5	95.7	88.4	88.5
ANM/Nurse/LHV	7.5	9.8	3.0	10.3	9.2
Dai (trained or untrained)	0.1	0.1	0.0	0.2	0.0
Relative/friends	0.3	0.4	0.1	0.3	0.5
Chemist/medical shop	1.3	1.3	1.3	0.8	1.8
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	679	455	224	232	223

Note: The table is based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II. Last two weeks prior to survey. [2] Included sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village. [3] Either government or private health facility of the Indian System of Medicine.

5.7.3 Awareness of Pneumonia

Another major killer disease among infants and children was Acute Respiratory Infections (ARI) including pneumonia. Early diagnosis and treatment with antibiotics can prevent a large proportion of ARI/pneumonia deaths. An attempt was made to understand the awareness level of pneumonia, and the proportion of children who had suffered from pneumonia during the last two weeks before the survey and their health seeking behaviour. This has been presented in Table 5.12. It was found that a low proportion (16 per cent) of women with births three years preceding the survey in Karnataka were aware of danger signs of pneumonia. The figure was slightly up from 22 per cent in Round I. Just 2 per cent higher proportion of women in urban areas (17 per cent) were aware of the danger signs of pneumonia as compared to women from rural areas (15 per cent). Knowledge of danger signs of pneumonia was higher among older women (24 per cent), women from other religions (29 per cent), other castes category (21 per cent), highly educated women (24 per cent), women with high living standard (23 per cent), and women living in those villages with health facilities (17 per cent).

Women, who were aware of the danger signs of pneumonia, were further asked about different types of signs of pneumonia. Most of the women mentioned about 'difficulty in breathing' (85 per cent), 'pain in chest and productive cough' (43 per cent), 'chest in drawing' (39 per cent), 'not able to drink or take a feed' (29 per cent), 'excessive drowsiness and difficulty in keeping awake' (19 per cent) 'wheezing / whistling' (15 per cent), 'rapid breathing' (13 per cent), and 'condition get worse than before' (12 per cent).

5.7.4 Treatment of Pneumonia

About 24 per cent of the women reported that their children had suffered from pneumonia during two weeks before the survey; the corresponding figures were 25 per cent in urban areas and 24 per cent in rural areas (Table 5.13). The incidence of pneumonia varied little with the availability of health facilities in the villages.

Table 5.13 has also shown that the percentage of women whose children suffered from ARI symptoms in the last two weeks before the survey, who sought advice/treatment and taken to a health facility or provider. Seventy-four per cent of the women received some advice or treatment whose children were ill with ARI. This percentage was relatively lower in rural areas (71 per cent) than in urban areas (79 per cent) and high in village with health facilities (76 per cent) than village without health facilities (67 per cent).

Among these who got advice for the children suffering from ARI, 70 per cent of the women had visited private hospital/clinic, and only 17 per cent went to government hospital/dispensaries, whereas just three per cent of them had obtained treatment through the Indian System of Medicine as compared with home remedy (4 per cent).

Table 5.12: AWARENESS OF PNEUEMONIA

Percentage of women who are aware of danger signs of pneumonia by signs by selected background characteristics and availability of health facility in the village, Karnataka, 2002-04

Background characteristic	Percentage of women aware of danger signs of pneumonia	Number of women	Danger signs								Number of women
			Difficulty in breathing	Chest in-drawing	Not able to drink or take a feeding	Excessive drowsy and difficulty in keeping awake	Pain in chest and productive cough	Conditions get worse than before	Wheezing/ whistling	Rapid breathing	
Age											
15- 24	13.2	4,250	86.1	41.7	26.5	18.2	39.9	11.9	13.6	11.1	560
25-34	18.3	2,892	82.9	36.4	31.5	20.7	48.2	11.0	16.2	14.6	529
35-44	23.8	290	91.3	42.3	23.5	14.7	33.6	12.0	21.3	18.0	69
Residence											
Rural	15.1	5,009	84.9	39.3	26.4	18.8	39.9	11.8	13.3	10.9	757
Urban	16.5	2,423	85.0	39.4	32.7	19.8	49.8	11.0	18.9	17.3	400
Mother's education											
Non-literate	12.5	3,005	87.9	48.9	19.9	14.7	35.6	8.1	7.9	8.0	375
0-9@ years	12.5	2,455	85.7	31.9	36.8	27.3	45.3	13.9	15.7	13.9	307
100 Years & above	24.1	1,972	82.1	36.7	30.3	17.4	48.2	12.7	20.9	16.5	474
Religion											
Hindu	15.4	6,097	83.7	39.3	29.3	18.8	43.0	11.4	15.8	13.4	938
Muslim	14.4	1,127	90.8	38.1	24.4	18.0	36.7	10.3	11.8	7.7	162
Christian	26.5	144	(90.6)	(37.5)	(25.0)	(31.3)	(59.4)	(15.6)	(21.9)	(18.8)	38
Other	29.4	64	*	*	*	*	*	*	*	*	19
Caste/tribe#											
Scheduled caste	10.4	1,460	88.2	44.7	24.2	14.6	40.1	12.1	9.7	10.2	152
Scheduled tribe	16.9	660	87.7	40.8	24.7	19.0	49.4	8.6	7.1	4.8	112
Other backward class	15.1	3,513	83.2	39.0	35.0	20.3	41.9	10.9	14.2	16.4	529
Other	20.7	1,733	86.4	36.2	22.7	19.4	43.9	13.2	22.0	12.3	359
Standard of living index											
Low	13.8	3180	87.9	46.1	23.7	16.1	39.9	9.9	9.0	9.7	439
Medium	13.0	2639	83.3	35.4	31.5	23.9	39.2	12.8	16.4	14.9	343
High	23.3	1614	83.0	35.1	31.6	18.3	51.1	12.1	21.7	15.5	375
Availability of health facility [2] in the village											
Yes	17.3	2,222	81.8	38.5	19.3	16.4	45.8	11.5	13.5	9.7	384
No	13.4	2,787	88.1	40.2	33.7	21.3	33.8	12.0	13.2	12.2	374
Total	15.6	7,432	84.9	39.4	28.6	19.1	43.3	11.5	15.3	13.1	1,158

Note: The table is based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II. [1] Last two weeks prior to survey.

Total included 1 woman with missing information on education who has not shown separately.

* percentages not shown: based on few cases.

@ Literate mother with no years of schooling were included. # Total figure might not add to N due to do not know and missing cases.

[2] Included sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.

Table 5.13: TREATMENT OF PNEUEMONIA

Percentage of women who sought treatment whose child suffered[1] from cough and cold and source of treatment, according to place of residence and availability of health facility in the village, Karnataka, 2002-04

Sought treatment/ source of treatment	Total	Residence		Availability of health fcaility[2] in the village	
		Rural	Urban	Yes	No
Percentage of women whose child suffered from cough, cold and difficulty in breathing	24.2	23.7	25.2	24.4	23.1
Number of women	7,432	5,009	2,423	2,222	2,787
Percentage of women sought treatment whose child suffered from cough and cold	73.5	70.8	78.7	75.8	66.6
Number of women	1,793	1,184	608	542	642
Source of treatment					
Government health facility	16.6	17.9	14.2	16.3	19.5
Hospital/dispensary	0.1	0.1	0.1	0.0	0.2
UHC/UHP/UFWC	1.2	1.7	0.3	2.4	1.0
CHC/ Rural hospital	5.6	8.2	0.9	9.9	6.6
Primary health centre	2.0	3.1	0.1	4.4	1.8
Sub centre					
Private health facility	0.1	0.1	0.1	0.3	0.0
NGO/Trust hospital/clinic	69.5	63.5	80.0	61.9	65.0
Private hospital clinic					
ISM[3] facility	2.6	3.3	1.3	3.2	3.4
Home remedy	3.5	3.1	4.0	3.5	2.7
Other	1.2	1.3	0.9	1.3	1.3
Percent distribution of women who seek treatment by					
Doctor	93.1	91.9	95.3	91.2	92.7
ANM/Nurse/LHV	4.8	5.4	3.9	5.9	4.9
Relative/friends	0.3	0.3	0.1	0.3	0.3
Chemist/medical shop	0.6	0.8	0.2	0.9	0.7
ISM practitioner	0.2	0.3	0.1	0.6	0.0
Other	1.0	1.3	0.5	1.1	1.4
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	1,317	839	478	411	428

Note: The table is based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.
[1] Last two weeks prior to survey. [2] Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.
[3] Either government or private health facility of Indian System of Medicine.

5.7.5 Awareness of Diarrhoea, ORS and Pneumonia and Incidence of Diarrhoea and Pneumonia by District

Table 5.14 has presented the knowledge of diarrhoea management, knowledge of ORS, and incidence of diarrhoea by district. Although knowledge of diarrhoea management was high in almost all districts, but the knowledge about ORS was low. Knowledge of ORS is also not common, and it was lowest in Gulbarga (6 per cent). Women in Chamarajanagar, Bellary, Raichur, Bidar, Bagalkot, Koppal, Belgaum, Chitradurga, Gadag and Bijapur also had relatively low level of knowledge of ORS. The incidence of diarrhoea was 13 per cent in the state as a whole and it varied from one per cent in Mysore to 27 per cent in Gadag. Table 5.14 has also shows differentials in the awareness of danger signs of pneumonia and incidence of pneumonia. In comparison to awareness about diarrhoea management, the awareness of danger signs of

pneumonia was quite low. It is the lowest in Raichur (2 per cent) and highest in Davanagere (39 per cent). Incidence of ARI symptoms was comparatively high in nearly all the districts in Karnataka. It was highest in Dharwad (46 per cent), Banglaore Rural (42 per cent), Gulbarga (37 per cent), Bidar (33 per cent), Kodagu (32 per cent), Gadag (30 per cent), Koppal (29 per cent), Shimoga and Hassan (27 per cent each), Uttara Kannada, Bijapur, Kolar and Belgaum (26 per cent each), Chikmagalur and Raichur (25 per cent each), Bangalore Urban (24 per cent), Mandya (23 per cent), Tumkur, Bagalkot and Chitradurga (20- 22 per cent) and lowest in Mysore (2 per cent), Dakshina Kannada (3 per cent), Davanagere (11 per cent), Udupi (14 per cent), Bellary (15 per cent), Haveri (16 per cent) and Chamarajanagar (17 per cent).

Table 5.14: KNOWLEDGE OF DIARRHOEA MANAGEMENT AND PNEUMONIA BY DISTRICT

Percentage of women by awareness of diarrhoea management, ORS, danger signs of pneumonia and whose child had suffered from diarrhoea and pneumonia during last two weeks prior to survey by district, Karnataka, 2002-04

District	Percentage of women aware of		Percentage of women whose child suffered[1] from diarrhoea	Percentage of women aware of danger signs of pneumonia	Percentage of women whose child suffered[1] from pneumonia
	Diarrhoea Management	ORS			
Bagalkot	51.6	12.5	18.8	17.2	22.1
Banglaore Rural	69.8	33.1	8.0	3.9	42.0
Bangalore Urban	78.3	42.3	10.8	6.3	24.4
Belgaum	50.6	15.2	17.8	35.9	25.6
Bellary	38.9	8.3	13.7	11.4	15.4
Bidar	34.4	9.3	20.3	28.7	32.5
Bijapur	41.2	18.2	13.6	18.9	25.8
Chamarajanagar	10.4	7.8	6.3	1.7	16.7
Chikmagalur	59.0	47.3	15.4	22.0	24.8
Chitradurga	23.3	17.7	12.3	3.7	20.0
Dakshina Kannada	36.6	33.4	2.1	13.6	3.3
Davanagere	56.3	42.5	7.2	38.5	10.5
Dharwad	43.0	23.8	20.9	5.3	46.2
Gadag	64.9	17.7	26.6	12.6	29.8
Gulbarga	30.6	6.1	16.9	32.4	36.8
Hassan	80.2	47.5	15.1	14.8	26.6
Haveri	33.4	28.0	5.0	3.8	15.9
Kodagu	60.1	45.6	20.6	18.4	31.5
Kolar	73.5	26.0	9.6	11.5	25.8
Koppal	34.7	13.2	11.0	2.5	29.1
Mandya	68.3	37.7	11.6	12.6	23.4
Mysore	31.6	30.8	1.2	3.2	1.6
Raichur	18.9	8.3	10.9	1.5	24.6
Shimoga	61.0	45.2	9.1	26.9	27.1
Tumkur	43.5	32.9	16.7	14.1	22.4
Udupi	72.9	55.7	1.3	26.4	13.7
Uttara Kannada	52.4	38.5	16.3	35.7	26.4
Karnataka	49.9	25.8	12.6	15.6	24.2

Note: The table is based on women with last and last but one living children born since 01.01.1999 /01.01.2001. [1] Last two weeks prior to survey.

Under the RCH programme, the government health facilities were strengthened to provide treatment of ARI. However, the percentage of women who visited to a government health facility for treatment of their children sick with ARI symptoms was very low.

MAP - 5
Percentage of Children (age 12-23 months) Who Have Received Full Vaccination

CHAPTER VI

FAMILY PLANNING

The Reproductive and Child Health Programme has been implemented with a new philosophy and direction to meet the health care needs of women and children. It envisages the provision for couples to control their fertility and have sexual relations free from the fear of pregnancy. Provision of free contraceptive services to all the needy couples is one of the components of the RCH programme. In DLHS-RCH, a separate section on family planning was canvassed to all the eligible women to assess the knowledge and practice of various family planning methods. The information on source of currently adopted contraceptive method, source of supply of the method and health problems related to contraceptive use were collected from current users. The current non-users were asked about the past status of contraceptive use, reason for not using contraceptives currently and future intention to adopt a family planning method.

An attempt was made to understand why male methods of family planning especially that of vasectomy was not in common use. The husbands of sampled eligible women were asked about the contraceptive method they would recommend to a couple who was not desirous of any additional children. They were also asked about the reasons for not preferring male methods and their knowledge about the no-scalpel vasectomy. This chapter has presented the results of data on contraceptive practices collected from both the sampled women and their husbands.

6.1 Knowledge of Family Planning Methods

Lack of knowledge of various contraceptive choices can be a major barrier to promotion and use of contraceptives among couples. In DLHS-RCH, information on knowledge of contraceptives was obtained by asking a question, "Which are the family planning methods you know?" to each sampled eligible women. The question on knowledge of no-scalpel vasectomy was also posed to the husbands of eligible women. If the respondent did not recognise the name of the family planning method, he was given a brief description on how the particular method was to be used. The DLHS-RCH assessed the knowledge of female sterilisation, male sterilisation including NSV, IUD, Pills, condom and traditional methods along similar lines.

The extent of knowledge of contraceptive methods among currently married women for specific methods and selected background characteristics have been shown in Table 6.1 and Figure 6.1. Knowledge of any method including any modern contraceptive method was almost universal in the state of Karnataka. The knowledge of any method and any modern method do not vary much by residence. The knowledge of modern spacing method among currently married women is around 73 percent, and it was higher among women with an urban residence as compared to rural counterpart. There are large differentials in knowledge of all modern methods with respect to the aforesaid background characteristics. For instance, 19 percent of the women from rural areas were aware about all modern methods compared to 36 percent of their urban counterparts.

Table 6.1: KNOWLEDGE OF CONTRACEPTIVE METHODS

Percentage of currently married women aged 15-44 years who know any contraceptive method by specific method and selected background characteristics, Karnataka, 2002-04.

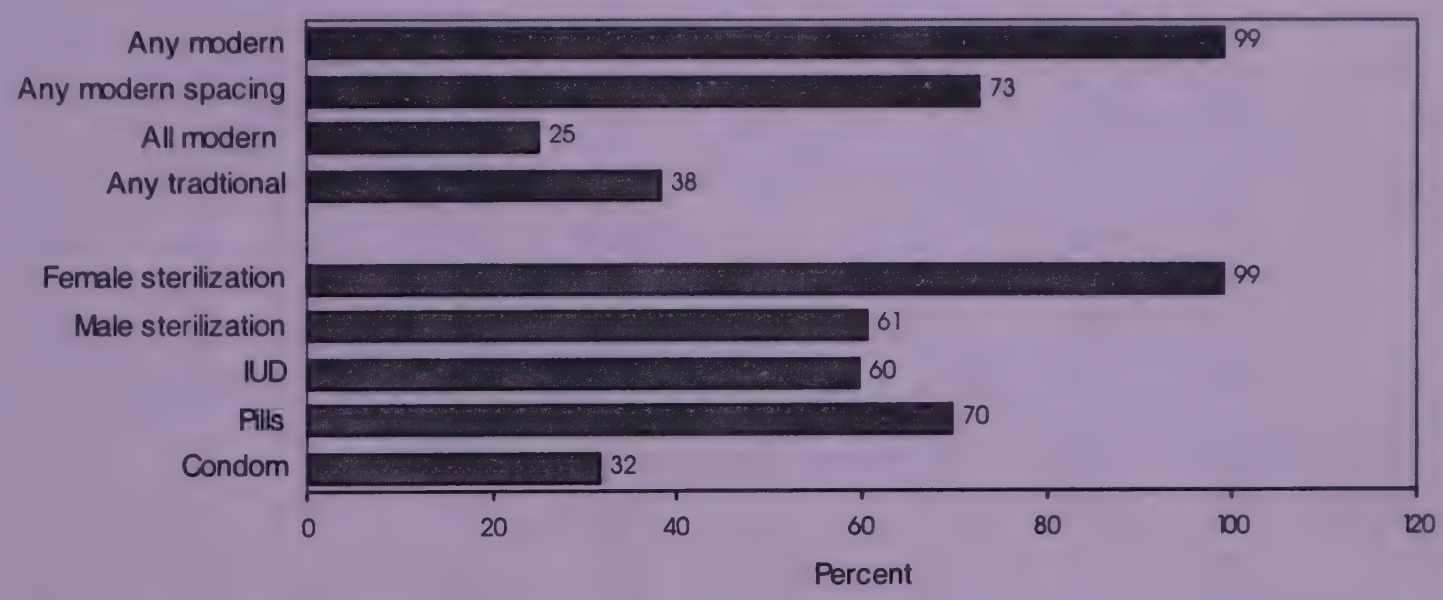
Contraceptive methods	Total	Residence		Availability of health facility in the village[3]	
		Rural	Urban	No	Yes
Any method	99.2	99.2	99.2	99.4	98.9
Any modern method	99.1	99.1	99.1	99.3	98.8
Any modern spacing method[1]	72.6	66.9	84.6	67.2	66.6
All modern methods[2]	24.9	19.4	36.3	18.0	21.2
Female sterilization	98.9	99.0	98.8	99.2	98.7
Tubectomy	92.5	91.6	94.4	91.6	91.5
Laparoscopy	85.4	83.5	89.3	83.7	83.4
Male sterilization	60.5	54.3	73.4	53.0	56.0
Vasectomy	41.3	35.1	54.4	34.9	35.3
No-scalpel vasectomy	15.6	13.8	19.4	11.0	17.4
IUD/Loop	59.8	52.3	75.6	50.8	54.0
Pills	69.8	63.5	83.0	63.9	62.9
Daily	63.1	55.6	78.8	55.9	55.3
Weekly	48.9	40.0	67.5	39.5	40.5
Condom/Nirodh	31.6	25.7	43.7	24.2	27.6
Sponge (today)	6.9	4.7	11.6	4.3	5.1
Injectables	8.5	6.1	13.6	5.0	7.5
Norplant	10.6	8.4	15.4	8.8	7.9
Contraceptive herbs	29.2	27.2	33.3	26.0	28.8
Any traditional method	36.4	34.9	39.7	33.0	37.2
Any other Indian system of medicinal contraceptives	1.9	1.8	2.0	1.6	2.0
Number of women	22,655	15,327	7,329	8,484	6,843

Note: Included IUD, pills and condom. [2] Included Female sterilization, Male sterilization, IUD, pills and condom
[3] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

Female sterilisation was the most widely known method of all contraceptive methods in Karnataka followed by Pills. Overall, 99 percent of the currently married women were aware of female sterilization and 60 percent knew about male sterilization. There was no rural-urban differentials in the knowledge of female sterilization but it was not the case with male sterilization. A sizable number of urban women (73 percent) know about male sterilization as compared to 54 percent of rural women. There were differentials in spacing methods such as IUD/Loop, Pill and condom users with respect to the background characteristics. The best-known spacing methods were Pills (70 percent) and condoms (32 percent). Around 60 percent of the women knew about the IUD/Loop. There was a large differential in knowledge of spacing methods by residence, only 26 percent of the rural women know condom compared to 44 percent of urban women. The modern spacing methods, Pill and IUD are known by 64 and 52 percent of rural women respectively while the corresponding figures in urban areas were 83 and 76 percent respectively. The knowledge of these spacing methods remained low as compared to knowledge of sterilization.

In Karnataka, more than 36 percent of the women were aware of a traditional method and only 2 percent were aware of other contraceptives of the Indian System of Medicine. It was also observed that women from villages with a health facility were aware about modern spacing method.

Figure 6.1
Knowledge of Family Planning Method



Karnataka, DLHS-RCH, 2002-04

Table 6.2: KNOWLEDGE OF CONTRACEPTIVE METHODS BY DISTRICT

Percentage of currently married women age 15-44 years who know any contraceptive method by specific method and district, Karnataka, 2002-04

Districts	Any meth-od	Any modern[1] method	Any modern spacing[2] method	All modern[3] methods	Male steriliz-ation	Female steriliz-ation	IUD	Pill	Condom/ Nirodh	Any traditio-nal method
Bagalkot	98.9	98.9	67.2	20.4	57.1	98.6	53.1	62.5	26.2	55.7
Bangalore Urban	99.7	99.7	95.1	44.5	91.9	99.3	94.3	94.7	47.3	36.3
Bangalore Rural	99.9	99.6	89.2	34.6	82.6	99.6	87.9	88.5	37.4	21.5
Belgaum	99.7	99.7	68.3	4.8	44.5	99.7	33.3	66.9	20.3	10.8
Bellary	99.7	99.5	65.1	27.6	70.3	99.4	53.7	61.9	30.4	76.6
Bidar	99.6	99.6	45.5	3.6	26.6	99.6	22.8	45.1	12.5	16.8
Bijapur	98.4	98.2	61.2	20.3	52.8	97.9	52.2	56.1	26.3	46.6
Chamarajanagar	100.0	100.0	86.3	30.7	78.1	100.0	84.7	78.3	39.6	28.8
Chikmagalur	99.1	99.1	79.1	9.7	48.9	98.5	44.1	71.0	22.3	12.9
Chitradurga	99.7	99.7	87.8	34.4	71.5	99.6	70.2	86.5	37.9	73.2
Dakshina Kannada	98.6	98.6	84.2	38.3	75.9	98.6	75.8	79.2	44.4	61.1
Davanagere	100.0	100.0	87.6	57.3	84.6	99.9	86.4	78.4	60.5	82.6
Dharwad	93.2	93.0	39.5	9.6	13.3	92.2	37.0	36.1	26.5	11.7
Gadag	98.0	98.0	54.4	19.1	45.8	97.5	52.0	49.9	26.8	30.0
Gulbarga	99.8	99.8	44.7	2.1	38.1	99.7	24.1	43.7	9.5	10.4
Hassan	99.6	99.6	83.4	36.2	72.9	99.6	80.4	81.5	41.0	26.4
Haveri	99.7	99.7	65.5	21.0	73.9	99.6	60.4	62.7	26.1	38.4
Kodagu	99.4	99.4	92.5	43.6	79.8	98.2	82.2	87.7	54.8	44.4
Kolar	99.8	99.6	78.7	30.2	69.4	99.6	74.9	76.8	32.9	25.0
Koppal	98.5	98.5	33.7	5.8	23.1	98.5	23.3	30.8	9.6	20.6
Mandya	99.6	99.5	85.7	42.8	74.7	99.3	81.7	83.0	49.4	21.6
Mysore	100.0	100.0	89.1	20.0	55.8	100.0	52.8	88.7	26.0	94.4
Raichur	97.6	97.3	26.4	3.2	20.7	97.3	19.2	24.0	5.4	21.4
Shimoga	99.8	99.8	79.3	44.7	71.4	99.7	77.3	73.9	53.1	54.8
Tumkur	97.6	97.6	69.8	12.4	41.8	97.2	47.5	64.9	21.4	18.0
Udupi	99.7	99.7	88.3	62.2	83.8	99.7	87.5	85.7	67.6	63.7
Uttara Kannada	98.5	98.5	80.7	6.5	44.0	97.6	38.2	77.1	23.6	11.1
Karnataka	99.2	99.1	72.6	24.9	60.5	98.9	59.8	69.8	31.6	36.4

Note: [1] Included Female sterilization, Male sterilization, IUD, Pills and Condom. [2] Included IUD, Pills and Condom. [3] Included Female sterilization & Male sterilization & IUD & Pills and Condom.

6.1.1 Knowledge of Family Planning Methods by Districts

Table 6.2 shows the knowledge of contraceptive methods by districts in Karnataka. In all districts more than 72 percent of women know about contraceptives including modern methods. A large differential is noticed in the knowledge of all modern methods by districts. The awareness ranges from 2 percent of women in Gulbarga to 62 percent in Udupi district. There is not much variation in the knowledge of female sterilization, which is the lowest in Dharwad (92 percent) and highest, in both Mysore and Chamarajanagar districts (100 percent). The Knowledge of IUD/Loop and condom was 23 and 13 percent respectively in Bidar, whereas the same has around 94 percent and 47 percent respectively for each method in Bangalore Urban. As

for any traditional method, awareness was 94 percent in Mysore district and the least in Gulbarga district (10 percent).

6.1.2 Knowledge of No-Scalpel Vasectomy (NSV)

Knowledge of no-scalpel vasectomy among the husbands of currently married women in the state of Karnataka has been shown in Table 6.3. Only about 13 percent of the husbands knew about no-scalpel vasectomy, 9 percent in rural area as compared to 21 percent in urban areas. For women residing in villages with a health facility, 8 percent of their husbands were aware of No-scalpel vasectomy and it was slightly more, that is, 9 percent for those living in villages without health facilities. Among the husbands who knew about NSV, 45 percent reported that NSV is simpler than a conventional family planning method, 73 percent felt that as reported NSV did not lead to any complication and 32 percent reported that NSV does not affect a man's sexual performance. Only 30 percent of the husbands in villages with a health facility reported that, NSV did not affect sexual performance compared to 23 percent of husbands in villages without a health facility.

Table 6.3: KNOWLEDGE OF NO-SCALPEL VASECTOMY (NSV)
Husbands knowledge of NSV by residence and availability of health facility in the village, Karnataka, 2002-04

Knowledge of NSV	Total	Residence		Availability of health facility in the village[1]	
		Rural	Urban	No	Yes
Percentage of husband who had knowledge about NSV	12.7	8.7	21.3	9.4	8.0
Number of husbands	13,903	9,548	4,355	5,300	4,248
Who know that NSV is simpler than conventional vasectomy	44.9	41.2	48.3	34.2	51.4
Who feel that NSV does not lead to any complication	73.2	69.2	76.8	70.1	67.8
Who feel that NSV does not affect man's sexual performance	31.7	26.0	37.0	23.3	29.9
Number of husbands	1,763	835	928	496	339

Note: [1] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

6.1.3 Knowledge of No-Scalpel Vasectomy (NSV) by Districts

Awareness of No-scalpel vasectomy by districts in Karnataka has been provided in Table 6.4. Only about 13 percent of the husbands were aware of NSV in Karnataka. The districts in which less than 5 percent of husbands knew about NSV are Haveri (0.8 percent), Raichur and Davanagere are about 1 percent, Gadag and Koppal (around 4 percent each), Shimoga (4.5 percent) and Gulbarga (4.7 percent). The highest percent (37.4 percent) husbands in Mysore district knew about no-scalpel vasectomy. NSV did not lead to any complication was reported by 97 percent of the husbands in Mysore district, followed by 92 percent in Chitradurga and Udupi and 87 percent in Dakshina Kannada, 33 percent in Gulbarga and none in Haveri district. The

husbands who reported that the NSV did not affect a man's sexual performance were highest (64 percent) in Koppal and lowest in Chitradurga and Mysore districts (1 percent).

Table 6.4: NO-SCALPEL VASECTOMY BY DISTRICT

Percentage of husband of eligible women by knowledge of NSV by district, Karnataka, 2002-04

Districts	Knowledge about NSV	NSV is simpler than conventional method	Who reported NSV does not lead to any complication	Who reported NSV does not affect man's sexual performance
Bagalkot	12.5	19.3	60.8	52.0
Bangalore Urban	28.8	53.8	78.2	42.6
Bangalore Rural	15.5	88.4	74.4	15.4
Belgaum	10.0	64.5	57.7	29.6
Bellary	9.2	29.4	53.8	42.4
Bidar	9.5	90.1	49.0	30.1
Bijapur	18.3	35.9	49.3	45.1
Chamarajanagar	9.2	90.1	82.1	16.3
Chikmagalur	12.0	63.7	58.5	61.5
Chitradurga	20.7	6.4	92.3	1.0
Dakshina Kannada	6.4	41.7	88.6	12.0
Davanagere	1.4	100.0	69.1	55.7
Dharwad	7.7	59.6	57.5	35.6
Gadag	4.2	64.0	38.0	34.7
Gulbarga	4.7	59.6	33.3	41.2
Hassan	13.5	57.5	63.3	49.2
Haveri	0.8	38.7	0.0	38.7
Kodagu	18.0	49.6	59.6	51.5
Kolar	11.9	36.8	72.3	31.0
Koppal	4.4	72.3	62.6	63.7
Mandya	11.6	62.8	58.1	37.4
Mysore	37.4	1.7	96.5	1.3
Raichur	1.3	63.0	47.0	37.3
Shimoga	4.5	70.2	43.7	37.5
Tumkur	9.1	67.4	75.8	54.6
Udupi	7.1	82.3	91.5	16.0
Uttara Kannada	7.4	49.3	57.6	24.7
Karnataka	12.7	44.9	73.2	31.7

6.2 Current use of Family Planning Methods

Table 6.5 and Figure 6.2 have provided the information on the current use of family planning methods for currently married women in Karnataka. At the time of DLHS-RCH survey, 59 percent of the currently married women were using some method of contraception and there is no differentiation between Round II and I. Current contraceptive use was slightly higher in rural areas (60 percent) than in urban areas (58 percent). Use of modern method was reported by 58 percent of the women, the breakdown of which was 53 percent for permanent methods and 5 percent for spacing. Among the users of sterilization methods most of them preferred female sterilization, which invalidated the use of male sterilization (0.2 percent).

Table 6.5: CONTRACEPTIVE PREVALENCE RATE

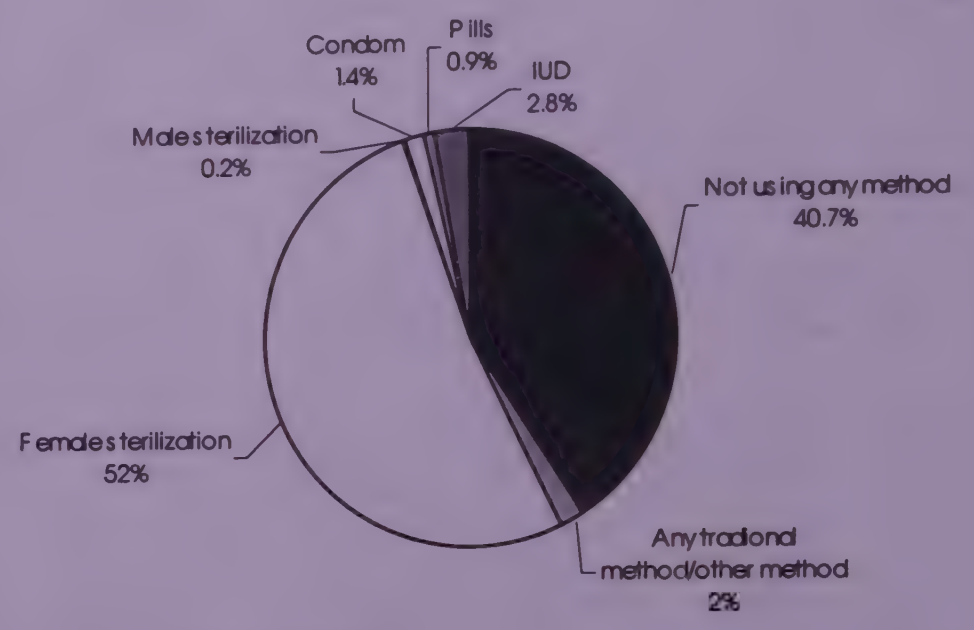
Percentage of currently married women age 15-44 years currently using any contraceptive method by selected background characteristics, Karnataka, 2002-04

Method	Any method	Any modern[1] method	Any modern spacing method[2]	Any steriliza-tion	Male steriliza-tion	Female steriliza-tion	IUD/ Loop	Pill	Condom / Nirodh	Any traditio-nal method[3]	Rhythm/ periodic abstinence	Withdr-awal	Number of women
Residence													
Rural	59.8	58.8	2.4	56.3	0.2	56.2	1.4	0.5	0.6	1.0	0.6	0.0	15,327
Urban	58.3	55.4	10.8	44.6	0.2	44.4	5.7	2.0	3.1	3.0	2.4	0.3	7,329
Education													
Non-literate	63.3	62.6	0.8	61.8	0.2	61.6	0.4	0.3	0.1	0.7	0.3	0.0	10,352
0-9 years@	57.4	56.1	4.4	51.6	0.1	51.5	2.8	0.7	1.0	1.3	1.0	0.1	7,179
10 years & above	54.0	50.1	14.8	35.1	0.1	35.0	7.5	2.6	4.7	4.0	3.3	0.5	5,119
Religion													
Hindu	60.8	59.3	4.5	54.7	0.2	54.5	2.5	0.7	1.3	1.5	1.1	0.1	19,189
Muslim	49.1	48.0	7.8	40.1	0.1	40.0	3.6	2.2	2.0	1.1	0.7	0.0	2,879
Christian	56.4	47.8	7.7	40.1	0.2	39.8	5.1	1.4	1.2	9.7	8.6	1.1	390
Jain	68.6	67.6	19.7	47.5	0.0	47.5	12.8	0.5	6.3	1.0	1.0	0.0	181
Caste/tribe#													
Scheduled caste	56.1	55.0	1.7	53.2	0.1	53.1	0.8	0.5	0.4	1.2	0.6	0.0	4,038
Scheduled tribe	55.5	54.9	1.2	53.7	0.2	53.5	0.5	0.5	0.2	0.6	0.5	0.0	1,788
Other backward class	61.4	60.1	5.7	54.3	0.2	54.2	3.3	0.8	1.5	1.4	1.1	0.1	11,203
Other	58.7	55.9	7.6	48.1	0.2	47.9	3.6	1.6	2.4	2.8	2.2	0.4	5,459
Standard of living index													
Low	57.8	57.1	1.0	56.0	0.1	55.9	0.5	0.3	0.3	0.7	0.4	0.0	9,289
Medium	58.9	57.7	4.2	53.4	0.2	53.2	2.6	0.9	0.7	1.2	0.8	0.0	7,980
High	62.5	58.8	13.5	45.2	0.2	45.0	6.9	2.2	4.3	3.8	3.2	0.5	5,386
Availability of health facility in the village[4]													
No	60.9	59.9	2.3	57.6	0.2	57.5	1.3	0.4	0.5	1.0	0.5	0.1	8,484
Yes	58.4	57.5	2.6	54.7	0.2	54.6	1.5	0.5	0.7	0.9	0.7	0.0	6,843
Total	59.3	57.7	5.1	52.5	0.2	52.4	2.8	0.9	1.4	1.6	1.2	0.1	22,655

Note: Total included 4 women with missing information on education and 1 on religion who have not been shown separately.
Total included 15 women from other religion who had not been shown separately.
[1] Included Female sterilization, Male sterilization, IUD, Pills and Condom. [2] Include IUD, Pills and Condom. [3] Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method. @ Literate women with no years of schooling are also included. #Total figure may not add to N due to don't know and missing cases. [4] Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

The use of traditional methods was reported by only 2 percent of the women of whom one percent was using rhythm or periodic abstinence and very negligible practice withdrawal. The rural-urban differential was visible in the case of traditional methods, where 3 percent of the urban women were using traditional contraception compared to just 1 percent rural women.

Figure 6.2
Practice of Family Planning Methods



Note: Total percent may add more than 100.0 due to rounding

DLHS-RCH, Karnataka,2002-04

Current use of contraception was high among women of other backward class (61 percent) and other caste (59 percent) than among than Scheduled caste and Scheduled tribe women (56 percent each). The current use was high among the women who were non-literates (63 percent) than the women who had less than 10 years of schooling (57 percent) and also among the women who had10 or more years of schooling (54 percent).

Similarly, current contraceptive use varied positively with respect to the standard of living of the women, increasing the prevalence rate from 58 percent to 63 percent for women from the lowest to the highest standard of living households. The availability of health facilities in the village had no impact on the use contraception. The current use of the traditional method was higher among women with a higher education level and with high standard of living.

6.2.1 Current Use of Family Planning Methods by Districts

A picture of current contraceptive use in the districts of Karnataka can be seen in Table 6.6. The contraceptive use was a couple concepts as family planning methods could be used either by women or by their husbands. In most of the districts, the current use of contraception exceeded 50 percent of eligible women except for the districts of Gulbarga, Raichur, Koppal, Bellary,

Bagalkot, Bidar and Bijapur (see Map-6). The state figure of current spacing methods use was 5 percent and it range from 1 percent in Koppal district to 14 percent in Bangalore Urban.

Table 6.6: CONTRACEPTIVE PREVALENCE RATES BY DISTRICT

Percentage of currently married women age 15-44 years currently using any contraceptive method by district, Karnataka, 2002-04

Districts	Any method	Any modern[1] method	Any modern spacing[2] method	Male steriliz-ation	Female steriliz-ation	IUD	Pill	Condom/ Nirodh	Any traditio-nal[3] method
Bagalkot	49.7	48.6	1.5	0.1	47.0	0.2	0.7	0.6	1.1
Bangalore Urban	60.7	57.1	13.5	0.0	43.6	7.2	2.2	4.1	3.7
Bangalore Rural	67.6	67.3	5.2	0.0	62.1	3.8	0.2	1.2	0.5
Belgaum	57.4	56.0	4.4	0.3	51.1	2.1	1.0	1.2	1.3
Bellary	47.5	47.3	1.8	0.0	45.4	1.0	0.5	0.3	0.2
Bidar	48.6	47.2	2.6	0.0	44.6	1.0	0.4	1.2	1.4
Bijapur	49.4	47.7	4.2	0.1	43.1	1.7	1.6	1.0	1.7
Chamarajanagar	69.3	69.2	3.1	0.0	66.0	1.2	0.4	1.5	0.2
Chikmagalur	70.6	70.5	9.4	0.4	60.7	6.1	0.9	2.4	0.2
Chitradurga	59.5	59.0	2.9	0.3	55.6	1.2	1.1	0.6	0.5
Dakshina Kannada	53.8	48.1	10.0	0.3	37.7	5.5	1.4	3.0	5.7
Davanagere	66.2	63.8	5.0	0.2	58.6	2.7	1.1	1.1	2.2
Dharwad	60.9	60.7	3.0	0.2	57.2	1.6	0.8	0.6	0.2
Gadag	50.6	50.1	1.9	0.4	47.4	0.9	0.5	0.5	0.5
Gulbarga	41.7	40.3	2.7	0.4	37.2	1.0	1.1	0.6	1.4
Hassan	71.0	68.8	4.4	1.0	63.4	2.8	0.8	0.8	2.2
Haveri	57.4	56.6	1.9	0.0	54.8	0.7	0.5	0.7	0.8
Kodagu	64.6	59.7	8.9	0.0	50.8	4.2	1.9	2.8	5.1
Kolar	65.3	63.2	3.6	0.0	59.7	2.2	0.8	0.5	2.1
Koppal	43.0	42.4	1.3	0.1	41.1	0.7	0.3	0.2	0.6
Mandya	73.7	73.5	4.8	0.0	68.7	2.8	0.9	1.1	0.2
Mysore	67.5	66.5	2.3	0.1	64.1	1.5	0.5	0.4	0.9
Raichur	42.2	41.7	1.4	0.0	40.3	1.0	0.4	0.0	0.5
Shimoga	72.2	70.5	5.5	0.2	64.6	3.0	1.0	1.4	1.8
Tumkur	60.5	60.2	6.2	0.0	53.9	4.5	0.9	0.8	0.3
Udupi	69.0	64.4	10.8	0.2	52.6	6.4	1.5	3.0	4.6
Uttara Kannada	58.9	56.4	10.4	0.0	46.0	4.4	1.2	4.7	2.5
Karnataka	59.3	57.7	5.1	0.2	52.4	2.8	0.9	1.4	1.6

Note: Included Female sterilization, Male sterilization, IUD, Pills and Condom. [2] Included IUD, Pills and Condom. [3] Included Rhythm/Periodic abstinence, Withdrawal and Other traditional method.

The existing pattern of use of contraceptive methods in Karnataka was different from the general pattern in India. The contraceptive prevalence rate of around 2 percent for traditional methods in the state was much lower than that in other states in the country. The use of oral Pills was less than 2 percent in the districts of Karnataka except Bangalore Urban and Udupi districts. The use of condom was more than 4 percent in Uttara Kannada and Bangalore Urban, districts.

6.2.2 Current Use and Ever Use of Family Planning Methods by Women

Table 6.7 has provided information on current contraceptive use and ever used by age and number of surviving children, living sons and daughters. The current use of any method of contraception among currently married women in the 15-19 years age group is around 8 percent and this attained a peak of 79 percent in the age group, 35-39 years. A similar age pattern of contraceptive use was also observed in case of modern method. The use of traditional method was about 2 percent for the women of all the age groups except 15-19 and 20-24. The use of modern methods ranged from 7 percent for women in the age group 15-19 years to 77 percent for women in the age group 35-39 years.

Table 6.7: USE OF CONTRACEPTION BY WOMEN

Percentage of currently married women in 15-44 years by current use and ever use of contraception according to selected demographic characteristics, Karnataka, 2002-04

Demographic Characteristic	Percentage of women/husbands using				Percentage of women/husbands by contraceptive status		Number of women
	Any modern[1] method	Any traditional[2] method	Any method	Not using any method	Ever used	Never used	
Age-group							
15-19	7.2	0.6	7.9	92.1	9.1	90.9	2,261
20-24	34.5	1.1	35.7	64.3	39.5	60.4	4,690
25-29	63.8	1.8	65.6	34.4	68.5	31.5	4,905
30-34	75.1	2.2	77.2	22.8	79.8	20.1	4,347
35-39	77.1	1.8	78.8	21.2	80.9	19.0	3,633
40-44	74.5	1.8	76.3	23.7	78.5	21.5	2,819
Surviving children							
0	1.4	0.5	2.0	97.9	3.1	96.9	2,827
1	23.5	2.8	26.4	73.6	33.0	66.9	4,244
2	73.6	1.9	75.4	24.6	77.7	22.3	7,279
3 or more	80.5	1.1	81.5	18.5	83.0	16.9	8,305
Surviving sons							
0	22.4	1.8	24.3	75.7	27.8	72.2	6,644
1	64.3	1.9	66.2	33.8	68.8	31.2	8,831
2 or more	82.3	1.1	83.3	16.7	85.2	14.7	7,181
Surviving daughters							
0	37.4	1.4	38.8	61.2	41.5	58.4	8,093
1	66.4	1.9	68.3	31.7	71.6	28.4	8,289
2 or more	72.4	1.5	73.9	26.1	75.6	24.4	6,274
All women	57.7	1.6	59.3	40.7	62.0	38.0	22,655

Note: [1] Included Female sterilization, Male sterilization, IUD, Pills and Condom.
[2] Included Rhythm/Periodic abstinence, Withdrawal and other traditional method.

It is crucial to understand the association between number of living children and contraceptive use. The contraceptive use was high among the women who had three or more surviving children irrespective of methods in Karnataka. The use of any method of contraception was 83 percent for the women who have two or more sons and was marginally higher than women who had two or more daughters (74 percent). The same trend could be observed in the

case of use of any modern method which was 82 percent for the women who had two or more surviving sons and it was higher than the women who have two or more daughters (72 percent).

6.2.3 Current Use and Ever Use of Family Planning Methods by Husbands

Information pertaining to current use of family planning methods among husbands of currently married women in Karnataka by age and number of surviving children, sons and daughters has been given in Table 6.8. The current use of any method of contraception among the husbands (aged below 25 years) of currently married women was 14 percent and it gradually picks up with the age of husband, to a peak of 72 percent in the age group, 45 + years. A similar age pattern of contraceptive use is observed in the modern methods. Among the husbands in the age groups of 25-34 and 45 years and above the use of traditional methods was around 2 percent and it was least (0.9) percent among husbands in the younger age group of below 25 years.

Table 6.8: USE OF CONTRACEPTION BY MEN

Percentage of husband of currently married women by current use and ever use of contraception by selected demographic variables, Karnataka, 2002-04

Demographic *Characteristic*	Percentage of husbands/women using				Number of men
	Any modern[1] method	Any traditional[2] method	Any method	Not using any method	
Age-group					
<25	13.6	0.7	14.4	85.6	618
25-34	40.1	1.5	41.9	58.1	4,477
35-44	70.5	1.2	72.0	28.0	5,418
45+	72.4	1.7	74.2	25.8	3,390
Surviving children					
0	10.8	1.5	12.5	87.5	1,709
1	26.9	3.0	30.0	70.0	2,248
2	72.1	1.4	73.6	26.4	4,397
3 or more	75.6	0.7	76.7	23.3	5,550
Surviving sons					
0	26.6	2.5	29.3	70.7	3,887
1	65.8	1.3	67.3	32.7	5,244
2 or more	76.9	0.6	77.8	22.2	4,773
Surviving daughters					
0	40.4	1.5	42.2	57.8	4,685
1	66.7	1.3	68.2	31.8	5,155
2 or more	69.4	1.4	71.1	28.9	4,064
All men	58.6	1.4	60.3	39.7	13,904

Note: [1] Included Female sterilization, Male sterilization, IUD, Pills and Condom.
[2] Included Rhythm/Periodic abstinence, Withdrawal and Other traditional method.

6.3 Reasons for Not Using Male Methods

The DLHS-RCH asked husbands of currently married women about the contraceptive method that he or his wife was using currently. The husbands who were not using male methods were further asked the reasons for it. Table 6.9 has provided information about the reasons for not

using male contraceptive methods in Karnataka. Among all the husbands interviewed, 94 percent reported about female methods. Reporting of female methods was higher in rural areas (96 percent) than in urban areas (89 percent). The reasons cited for not preferring the male methods were Female methods were more popular (56 percent), fear of weakness (35 percent), fear of operation (6 percent), fear of impotency (3 percent) and fear of method failure (2 percent). Only one percent reported lack of sexual pleasure as one of the reasons for not using male methods. However, there was not much rural-urban differential in the reasons for not using male methods, except that female methods were more popular and than was fear of weakness, popularity of female methods as a reason for not using male methods of contraception was more in rural areas (96 percent) than in urban areas (89 percent).

Table 6.9: REASONS FOR NOT USING MALE METHODS

Percentage of husbands with their choice of family planning methods and reasons for not accepting male methods according to residence, Karnataka, 2002-04

Female method users and reason for not accepting male methods	Total	Residence	
		Rural	Urban
Percentage of husband who have reported female methods	94.0	95.9	89.4
Number of men	8,383	5,842	2,541
Reasons for not accepting male methods*			
Fear of impotency	2.5	2.8	1.5
Lack of sexual pleasure	1.0	1.2	0.4
Fear of method failure	2.1	2.3	1.8
Fear of operation	6.0	7.4	2.6
Fear of weakness	35.1	39.6	24.0
Female methods are more popular	56.2	50.0	71.6
Other	5.6	5.8	5.1
Number of men	7,876	5,605	2,271

Note: * Percentages may add to more than 100.0 because multiple responses could be recorded.

6.4 Source of Contraceptive Methods

To asses the various sources of contraceptive methods, DLHS-RCH collected information on source of obtaining methods. Table 6.10 and Figure 6.3 have presented the percent distribution of current users of modern contraceptives by source of contraceptives. Family planning methods and services in Karnataka are provided primarily through a network of government hospitals. The services are also provided by private hospitals and clinics, as well as non-governmental organisations (NGOs). Modern spacing methods like IUD, Pill and condom are available through both the government and private sectors. Government/municipal hospitals were the main source for female sterilization (69 percent) followed by community health centres or primary health centres (15 percent), family planning camps or RCH camp (4 percent) and private hospital (9 percent). For male sterilization as well the aforesaid are the main sources for obtaining the service. Among the IUD users, 35 percent reported the source as government/municipal hospital and 5 percent from the community health centres and 2 percent each from Government doctor, Government nurse/ANM and sub-centre. The private hospital was playing a dominant role in providing the service for IUD users (40 percent). It was found that the chemist is the main source for Condom (60 percent) and Pills (45 percent).

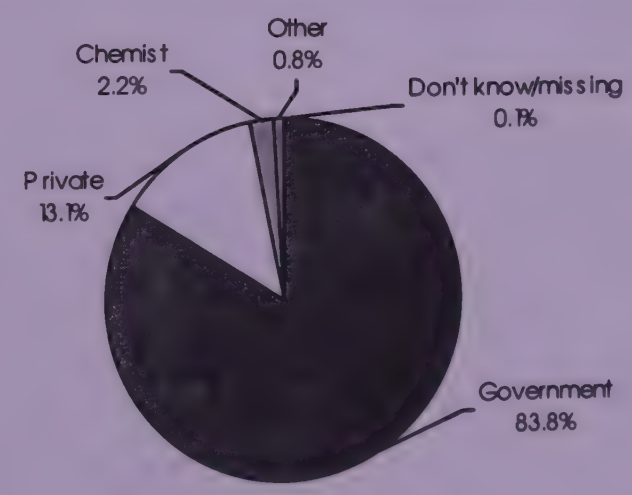
Table 6.10: SOURCE OF MODERN CONTRACEPTIVE METHODS

Percent distribution of current users of modern contraceptive methods by method and source of supply, Karnataka, 2002-04

Source	Contraceptive method					
	Female sterilization	Male sterilization	IUD/ Loop	Pills	Condom/ Nirodh	All modern methods[1]
Government medical centre	88.4	87.2	46.0	27.8	24.1	83.8
Government/Municipal hospital	68.7	73.6	35.0	16.5	14.0	65.0
CHC/PHC	14.6	12.7	5.4	5.7	3.2	13.7
Sub-centre	0.6	0.0	1.8	2.4	1.3	0.7
Government doctor	0.2	0.0	1.6	0.0	0.3	0.3
Government nurse/ ANM	0.0	0.0	1.7	3.3	1.1	0.2
Family planning/RCH camp	4.1	0.9	0.2	0.0	0.0	3.7
Out reach/MCP clinic in village	0.0	0.0	0.0	0.0	0.0	0.0
Mobile clinic	0.0	0.0	0.3	0.0	4.3	0.2
Private medical centre	10.9	8.0	51.8	26.2	12.6	13.1
Private hospital	8.8	4.7	40.4	15.4	5.2	10.3
Private doctor	2.0	3.3	9.5	10.7	7.1	2.6
Private nurse	0.1	0.0	1.8	0.1	0.2	0.2
Chemist	NA	NA	NA	44.8	60.4	2.2
Other	0.7	4.8	2.2	1.1	2.1	0.8
Do not know	0.1	0.0	0.0	0.0	0.8	0.1
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	11,866	36	626	215	317	13,059

Note:[1] Included female sterilization, male sterilization, IUD, Pills or condom. CHC: Community health centre, PHC: Primary health centre. NA: Not applicable.

Figure 6.3
Source of Family Planning Among Current Users of Modern Contraceptive Methods



Note: Total percentages may add to more than 100.0 due to rounding

Karnataka, DLHS-RCH, 2002-04

6.5 Problems with Current Use of Contraceptive Methods

Women who were using a modern contraceptive method were asked if they had experienced any problems related with the current methods they were using. Table 6.11 has shown the percentage of current contraceptive users who reported specific health problems, treatment seeking behaviour and their satisfaction about the method. The analysis of the method specific problems revealed that 11 percent of the sterilized women had problem with the contraceptive methods in use. The most common problems experienced by sterilized women were body ache or backache (69 percent), weakness or inability to work (55 percent), white discharge (16 percent), excessive bleeding (10 percent), dizziness (9 percent), nausea or vomiting and cramps each (7 percent), irregular periods and (5 percent), weight gain (5 percent), Breast tenderness and spotting each (3 percent). With regard to the modern spacing methods, 11 percent and 8 percent of the women had problems in using IUD and Pills respectively. The most common problems of IUD users were body ache/backache (53 percent), excessive bleeding (15 percent), white discharge and weakness or inability to work (each 14 percent), irregular period (6 percent), weight gain and spotting (each 5 percent), cramps (4 percent) and breast tenderness and dizziness (each around 1 percent).

Table 6.11: HEALTH PROBLEMS WITH CURRENT USE OF CONTRACEPTION

Percentage of women informed about side effects, had side effects with the method by use of method, Karnataka, 2002-04

	Type of method		
Health problems/side effect	Female sterilizations	!UD/loop	Pill
Women who were informed about all the available methods	39.0	0.0	0.0
Women who were informed about the side effects before adoption of the method	49.8	62.9	43.9
Women who had side effect/health problem due to use of contraceptive method	11.2	10.9	8.2
Number of current users	11,866	626	215
Type of health problems/side effects[1]			
Weakness/inability to work	54.7	13.5	*
Body ache/ backache	69.2	52.6	*
Cramps	6.6	3.9	*
Weight gain	5.4	5.1	*
Dizziness	8.9	0.5	*
Nausea/vomiting	7.3	0.0	*
Breast tenderness	2.9	1.0	*
Irregular periods	4.9	5.9	*
Excessive bleeding	10.2	15.1	*
Spotting	2.7	4.5	*
White discharge	16.1	14.2	*
Other	0.0	0.0	*
Number of users with side effects	1,328	68	18

Note: [1] Percentages may add to more than 100.0 because multiple problems could be recorded.
* Percentages not shown, as this figures were based on very few cases.

6.6 Treatment for Health Problems with Current Use of Contraception

A study of the respondents who sought treatment for contraceptive related health problems has revealed that 71 percent of the sterilized women sought treatment and 50 percent in the case of IUD. Regarding the satisfaction about the method, 96 percent of the sterilized women reported satisfaction with sterilization. In the case of spacing methods, 94 percent of the women using Pills and 96 percent of the women using IUD were satisfied with the respective methods.

Those women who had sought treatment for contraceptive use related problems, a slightly more number of them had taken treatment from private hospitals/clinics. For female sterilization related health problems, 43 percent had taken treatment from private hospitals/clinics, 39 percent from government hospitals/dispensaries, 12 percent from PHC. Private hospital/clinic is the source of treatment for 61 percent of women who had health problem in using IUD.

Table 6.12: FOLLOW-UP VISIT AND SOUGHT TREATMENT FOR HEALTH PROBLEMS WITH CURRENT USE OF CONTRACEPTION

Percentage of women who had follow-up visits, satisfied with current method, and sought treatment with side effect with the method by use of method, Karnataka, 2002-04

Health problems/side effect	Type of method		
	Female sterilizations	IUD/loop	Pill
Women who had follow up visit by health worker after adoption of method	47.6	36.2	21.6
Women who are satisfied with method of current use	96.0	96.0	93.7
Number of current users	11,866	626	215
Women who sought treatment for the health problem	70.9	50.2	*
Number of women with side effects	1,328	68	18
Source of treatments			
Government health facility			
Government hospital/dispensary	39.4	(31.7)	*
UHC/UHP/UFWC	0.5	(0.0)	*
CHC/Rural hospital	1.8	(0.0)	*
PHC	12.2	(2.4)	*
Sub-centre	1.9	(4.9)	*
Out reach/MCP clinic in village	0.4	(0.0)	*
Private health facility			
NGO/trust hospital clinic	0.4	(0.0)	*
Private hospital/clinic	43.1	(61.0)	*
ISM health facility[1]	1.3	(0.0)	*
Chemist/Medical shop	1.8	(0.0)	*
Home remedy	0.8	(0.0)	*
Other	1.0	(2.4)	*
Number of women with side effects	942	34	1

Note: [1] Either government or Private. * Percentages not shown, based on very few cases.
() Based on less than 50 unweighted cases.

6.7 Advice to Non-Users to Use Contraception

Information about non-users who were advised by the ANM/health worker to adopt contraceptives and their future intention to use by preferred method according to their background characteristics have been presented in Table 6.13. In DLHS-RCH, currently married women who were not using any method of contraception were asked about the advice given by ANM/health worker for adoption of any contraceptive method. It was evident that about 19 percent of the women were advised by ANM/health worker to adopt any family planning method in Karnataka. There is no much variation among rural urban women in this respect.

Table 6.13: ADVICE ON CONTRACEPTIVE USE

Percentage of current non-users* who were advised by the ANM/health worker to use contraception by suggested method according to place of residence and availability of health facility in the village, Karnataka, 2002-04

Advise/future intension to use	Total	Residence		Availability of health facility in the village[1]	
		Rural	Urban	No	Yes
Percentage of current non-users advised by ANM/health worker to use of contraceptive method	18.5	18.9	17.7	19.6	18.2
Number of non-users	8,797	5,883	2,914	3,158	2,725
Percent distribution of women who were advised by method					
Female sterilization	63.4	64.5	61.1	64.2	64.9
Male sterilization	3.4	3.6	2.9	2.7	4.7
IUD/loop	27.7	26.7	29.9	28.4	24.5
Pill	4.0	3.8	4.4	3.5	4.1
Condom/Nirodh	1.2	1.2	1.2	1.0	1.6
Rhythmic /periodic abstinence	0.1	0.1	0.2	0.1	0.0
Withdrawal	0.1	0.0	0.1	0.0	0.1
Other	0.1	0.1	0.2	0.0	0.1
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of non-users	1,628	1,112	516	617	495

Note: * Excluded women in menopause or those who had undergone hysterectomy.
[1] Included sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

The recommended contraceptive methods by ANM/health worker were dominated by female sterilization (63 percent) and IUD (28 percent). Only 4 percent was advised to adopt pill as spacing method and condom/Nirodh were advised to only 1 percent of the women. Male sterilization had been advised to 3 percent. This pattern of advice also emerged irrespective of residence and availability of health facilities in the village.

6.7.1 Future Intentions

Among the non-users, 35 percent of the women had expressed their intention to use any method of contraception in the future. The intention to use any method of contraception was slightly higher in rural areas (37 percent) than in urban areas (32 percent).

Among the women who intended to use permanent methods of contraception, 92 percent preferred female sterilization whereas less than one percent of the women preferred male sterilization. In case of temporary methods, the preferred methods by women were IUD (5 percent), oral pills and rhythm/periodic abstinence (1 percent each).

Forty-nine percent of the husbands intended to use contraception in the future, among them 53 percent belonged to rural areas and 41 from urban areas. Method wise choice in intention to use contraception was dominated by female sterilization (95 percent), followed by IUD (2 percent), condom and Oral Pill (1 percent each).

Table 6.14: FUTURE INTENTION TO USE

Percentage of current non-users* who were intended to use contraception in future by preferred method according to place of residence, Karnataka, 2002-04

Future intention to use/method	Women			Husband		
	Total	Rural	Urban	Total	Rural	Urban
Percentage of respondents who intend to use contraceptive in future	35.2	36.6	32.3	48.7	52.6	40.7
Number of non-users	8,797	5,883	2,914	5,393	3,600	1,793
Percent distribution of non-user who were preferred to use family methods by preferred method						
Female sterilization	92.3	94.2	88.0	94.6	94.5	94.7
Male sterilization	0.6	0.4	1.0	0.7	0.6	1.2
IUD/copper-T/loop	5.0	3.6	8.3	1.5	1.4	1.7
Oral pills	1.2	1.2	1.1	0.6	0.7	0.4
Condom/Nirodh	0.3	0.3	0.2	1.1	1.3	0.5
Rhythm/periodic abstinence	0.5	0.2	1.1	0.2	0.2	0.1
Withdrawal	0.0	0.0	0.0	0.1	0.0	0.2
Other	0.2	0.1	0.3	1.2	1.2	1.0
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of non-users	3,089	2,151	938	2,618	1,892	726

Note: * Exclude women who are in menopause or those who have undergone hysterectomy.

6.7.2 Future Intention to Use Among Women by Number of Living Children

Currently married women who were not using any contraceptive method at the time of survey were asked about their intentions to use a method in the future. Those women who intended to use contraceptives in the future were further asked about preferred methods. This type of information aids the managers and programmers to identify the potential groups of future users

and to provide the type of contraceptives that are likely to be in demand. Table 6.15 has provided information on intention to use contraception in future according to number of living children and residence background in Karnataka. Among the current non-users, 13 percent of the women intended to use contraception within the next twelve months. Only 7 percent of the women wanted to use within one to two years whereas 15 percent reported their intention to use contraceptives after two years. About 39 percent are not sure of their intention to use, whereas 26 percent reported no intention to use. The intention of using contraception is high among women who had two or more living children compared to the women who had either one or no living children. About 63 percent of the women who had no living children reported that they were yet to decide about the use of contraceptives.

Table 6.15: FUTURE USE OF CONTRACEPTION BY NUMBER OF LIVING CHILDREN

Percent distribution of currently married women* who were not currently using any contraceptive method by intention to use in the future, according to number of living children and residence, Karnataka, 2002-04

Intention to use in the future	Number of living children					Total
	0	1	2	3	4+	
			Total			
Intends to use in next 12 months	2.1	14.5	23.3	23.1	16.7	13.2
One to two years	1.7	9.1	10.8	9.0	4.2	6.8
More than two years	13.9	18.0	16.1	15.4	5.3	15.2
Does not intend to use	18.9	21.3	28.1	35.3	61.3	26.0
Not yet decided	63.3	37.2	21.7	17.1	12.5	38.8
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,702	3,032	1,717	679	668	8,797
			Rural			
Intends to use in next 12 months	2.1	13.7	19.0	18.6	18.0	11.7
One to two years	1.8	10.3	12.6	10.1	4.2	7.5
More than two years	16.0	20.9	18.8	18.6	6.0	17.5
Does not intend to use	20.9	21.4	27.3	33.1	60.7	26.5
Not yet decided	59.3	33.6	22.4	19.6	11.2	36.8
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,893	1,944	1,102	459	484	5,883
			Urban			
Intends to use in next 12 months	2.2	15.8	31.0	32.6	13.4	16.3
One to two years	1.7	7.0	7.6	6.7	4.4	5.4
More than two years	9.1	12.7	11.3	8.6	3.5	10.5
Does not intend to use	14.3	21.0	29.6	40.0	63.0	25.0
Not yet decided	72.8	43.6	20.5	12.1	15.8	42.7
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	809	1,088	614	219	183	2,914

Note: * Excluded women who are in menopause or those who have undergone hysterectomy.

6.8 Reasons for Discontinuation and Non-Use of Contraception

Currently married non-pregnant women who were not using any contraceptive method at the time of survey were categorised as past users and never users according to their contraceptive experience. In DLHS-RCH, women who had discontinued contraceptive use were asked about the main reason for discontinuation. The survey also asked women who had never used contraceptives about the main reason for not doing so. Table 6.16 has shown the main reasons for not using contraceptives among both the past never users and current non-users. Among the past users, 48 percent of the women mentioned that they discontinued the use because they had wanted child, weakness/inability to work (12 percent), method failed/became pregnant and the method was inconvenient (6 percent each), excessive bleeding (5 percent), supply not available and body ache and backache (3 percent each) and 8 percent of the women had reported as other reasons. For urban women 13 percent, had reported weakness/inability to work and it was 11 percent among rural women, In Rural areas, 12 percent of women reported as method failed/became pregnant whereas the same was just 2 percent among urban women.

Table 6.16: REASONS FOR DISCONTINUATION OF CONTRACEPTION

Percent distribution of women who were past users (current non-users) by reason for discontinuation of the contraceptive method according to place of residence, Karnataka, 2002-04.

Reasons	Total	Place of residence	
		Rural	Urban
Reason for discontinuation			
Wanted child	48.1	41.2	53.0
Method failed/became pregnant	6.1	11.9	2.1
Supply not available	3.2	6.4	1.0
Difficult to get method	2.4	2.6	2.3
Weakness/inability to work	12.4	11.4	13.1
Body ache/ Backache	3.0	1.3	4.3
Cramps	0.2	0.0	0.3
Weight gain	0.8	0.7	1.0
Dizziness	0.1	0.3	0.0
Nausea/vomiting	1.0	0.5	1.3
Breast tenderness	1.3	2.7	0.4
Irregular periods	0.4	0.8	0.1
Excessive bleeding	4.9	3.5	5.9
Spotting	0.1	0.3	0.0
White discharge	1.2	2.3	0.5
Lack of pleasure	1.2	0.2	1.9
Method was inconvenient	5.6	8.5	3.5
Other	7.6	4.9	9.4
Missing	0.2	0.6	0.0
Total percentage	100.0	100.0	100.0
Number of past users	601	251	351

6.8.1 Reasons for Not Using Contraceptive Methods

DLHS-RCH asked women and husbands who were currently not using any contraception and main reasons why they were not currently using a method. The reported main reasons for not using contraceptives were, opposed to family planning (17 percent), difficult to become pregnant (16 percent), health did not permit (11 percent), inconvenient to use method (7 percent), afraid of sterilization, not liked the existing method, lack of knowledge about FP method (6 percent each), worry about side effects (4 percent), against religion (3 percent), hard/inconvenient to get method and could not work after sterilization (2 percent each). About 19 percent of the women reported other reasons for not using contraception. As far as rural-urban differentials were concerned, a little variation was observed in the reasons for not using any contraceptive.

Table 6.17: REASON FOR NOT USING CONTRACEPTIVE METHOD

Percentage of current non-users who were currently not using contraceptive method by reason according to place of residence, Karnataka, 2002-04

Reason	Women			Husband*		
	Total	Rural	Urban	Total	Rural	Urban
Lack of Knowledge about FP method	5.7	6.7	4.0	4.7	5.6	3.2
Against the Religion	2.8	2.0	4.1	11.2	10.8	11.8
Opposed to family planning	17.2	19.6	13.1	9.7	8.5	11.8
Not like existing method	5.9	6.0	5.9	4.2	4.6	3.5
Afraid of sterilization	6.4	5.8	7.4	3.2	3.5	2.7
Can not work after sterilization	2.1	2.3	1.8	1.9	2.2	1.3
Worry about side effects	4.1	3.9	4.3	3.2	4.0	2.0
Costs too much	0.2	0.2	0.1	0.7	0.8	0.6
Health does not permit	11.0	10.3	12.1	13.3	14.8	11.0
Hard/inconvenient to get method	2.2	1.4	3.5	3.3	2.8	4.1
Inconvenient to use method	6.5	6.2	7.1	7.4	4.7	11.7
Difficult to become pregnant	16.4	14.8	19.2	19.6	20.8	17.6
Wife is pregnant[1]	-	-	-	3.3	2.8	4.0
Other	19.3	20.6	17.0	9.3	9.8	8.6
Missing	0.2	0.2	0.3	5.0	4.3	6.0
Total percentage	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	3,431	2,142	1,289	1,767	1,080	687

Note: [1] Not applicable for women. * Excluding not decided cases on the timing of the next child.

6.9 Unmet Need for Family Planning Services

Unmet need for family planning was one of the indicators to assess the effectiveness of the family planning programme. Policy makers and family planning programme planners used this to know the demand for family planning services/supplies. Unmet need has been defined in this report separately for limiting and spacing. Unmet need for spacing includes the proportion of currently married women who were neither in menopause nor had hysterectomy nor were currently pregnant and who wanted more children after two years or later and were currently not using any family planning method. The women who were not sure of whether and when to have the next child, were also included in unmet need for spacing. The women who were not sure about the timing of the next child are also included in the unmet need for spacing. Unmet need for limiting includes the proportion of currently married women who were neither in menopause

nor had hysterectomy nor were currently pregnant and did not want any more children but were currently not using any family planning method. Total unmet need referred to the totality of unmet for limiting and spacing. Table 6.18 has provided the information about the unmet need for limiting and spacing in Karnataka by background characteristics.

The unmet need was high for women below 20 years, mainly for spacing rather than for limiting. Unmet need was also relatively high for women aged 20-24 years (20 percent) for both spacing and limiting. Among the older women of age 25-29 years, 13 percent had unmet need. Among the women age 30 years and above, unmet need was exclusively for limiting. The urban women have high unmet need (18 percent) compared to rural women (14 percent). The unmet need for family planning was higher (19 percent) among these who had 10 or more years of schooling than among women with 0-9 years of schooling (15 percent) and Illiterate (14 percent) women. Hindu women had lesser unmet need for family planning (14 percent) compared to Muslim or Christian women (20 percent) respectively. Unmet need for family planning was higher for scheduled caste and other caste (16 percent each) followed by other backward class (15 percent) and Scheduled tribe (13 percent) women.

Women with high standard of living had high (16 percent) unmet need than the women of medium and low standard of living (15 percent) each. Unmet need was much higher for women with one living child (28 percent) than women with either no children (9 percent) or two or more children (14 percent). Among the women with no children or one child, the unmet need was mainly for spacing, whereas for women with two children or more, unmet need was exclusively for limiting.

Table 6.18: UNMET NEED FOR FAMILY PLANNING SERVICES

Percentage of currently married women with unmet need for family planning services by selected background characteristics, Karnataka, 2002-04

Background Characteristic	Unmet need for FP			Number of women
	Spacing[1]	Limiting[2]	Total	
Age				
15-19	17.4	2.4	19.9	2,261
20-24	14.3	5.8	20.1	4,690
25-29	5.7	7.0	12.7	4,905
30-34	2.2	9.5	11.7	4,347
35-39	1.0	12.7	13.7	3,633
40-44	0.5	13.8	14.3	2,819
Residence				
Rural	7.0	6.9	14.0	15,327
Urban	5.6	12.0	17.5	7,329
Education				
Illiterate	5.5	8.1	13.6	10,352
0-9 years@	7.2	7.7	14.9	7,179
10 years & above	7.8	10.7	18.5	5,119
Religion				
Hindu	6.5	7.8	14.3	19,189
Muslim	7.4	12.9	20.3	2,879
Christian	6.5	13.5	20.1	390
Jain	5.1	6.6	11.7	181
Caste/tribe#				
Scheduled caste	6.5	9.0	15.5	4,038
Scheduled tribe	6.3	7.1	13.4	1,788
Other backward class	6.9	7.8	14.7	11,203
Others	6.0	10.2	16.2	5,459
Number of living children				
0	7.1	1.8	8.9	2,827
1	19.0	9.3	28.3	4,244
2	4.4	9.4	13.8	7,279
3	2.1	6.9	9.0	4,789
4+	1.8	13.5	15.3	3,515
Standard of living Index				
Low	7.0	7.6	14.6	9,289
Medium	7.0	8.3	15.2	7,980
High	5.2	10.7	15.9	5,386
All women	6.6	8.5	15.1	22,655

Note: [1] Unmet need for spacing includes the proportion of currently married women who were neither in menopause or had hysterectomy nor were currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing.

[2] Unmet need for limiting included the proportion of currently married women who were neither in menopause or had hysterectomy nor are currently pregnant and did not want any more children but are currently not using any family planning method.

Total unmet need referred to unmet for limiting and spacing.

@ Literate women with no years of schooling were also included. # The total figure might have not add to N due to 'do not know' and missing cases. Total includes 4 women with missing information on education and 1 on religion which were not shown separately. Total included 15 women from other religion who were not shown separately.

6.9.1 Unmet Need for Family Planning Services by Districts

Table 6.19 has provided the information about unmet need for limiting, spacing and total by district. The unmet need for family planning services for state was 15 percent and it ranged from 6 percent in Davanagere to 25 percent in Gulbarga. In 16, out of 27 districts, unmet need for family planning was more than the state average. Unmet need for limiting was found lowest in Mandya (4 percent) followed by Darwad, Hassan, Belgaum and Davanagere (5 percent each), and highest in Dakshina Kannada (15 percent). Similarly, unmet need for spacing was lowest and 1 percent in Davanagere to 14 percent in Gulbarga. It may also observe that except Gulbarga, Dharwad, Bidar and Belgaum districts, in all the districts of Karnataka, unmet need for limiting was more than spacing.

Table 6.19: UNMET NEED BY DISTRICT

Percentage of currently married women with unmet need by district, Karnataka, 2002-04

Districts	Unmet need for		
	Spacing	Limiting	Total
Bagalkot	6.7	9.1	15.9
Bangalore Urban	4.2	13.5	17.8
Bangalore Rural	4.3	9.7	14.0
Belgaum	10.2	4.9	15.2
Bellary	7.1	9.5	16.5
Bidar	10.3	9.3	19.6
Bijapur	8.7	9.7	18.4
Chamarajanagar	2.0	6.5	8.5
Chikmagalur	7.3	5.8	13.1
Chitradurga	3.8	11.3	15.1
Dakshina Kannada	4.4	15.4	19.7
Davanagere	1.0	5.3	6.3
Dharwad	13.2	4.7	18.0
Gadag	8.8	7.9	16.7
Gulbarga	13.8	11.5	25.4
Hassan	5.0	4.8	9.8
Haveri	5.0	8.7	13.7
Kodagu	6.7	11.0	17.7
Kolar	9.0	6.9	16.0
Koppal	5.7	10.0	15.7
Mandya	6.2	3.7	9.9
Mysore	3.0	6.5	9.5
Raichur	5.8	10.7	16.5
Shimoga	2.6	6.1	8.6
Tumkur	6.9	8.2	15.2
Udupi	4.9	7.8	12.7
Uttara Kannada	8.1	9.2	17.3
Karnataka	6.6	8.5	15.1

MAP - 6
Current Use of Any Family Planning Method

CHAPTER VII

ACCESSIBILITY AND PERCEPTION ABOUT GOVERNMENT HEALTH FACILITIES

The government health facilities at all the levels provide various RCH services. Auxiliary Nurse Midwife (ANM), family planning worker or male health worker play a key role in delivering the services to the community. Health workers are expected to make regular visits to all the households in their assigned area. During these contacts, the health workers are supposed to monitor various aspects of health of women and children, provide information related to health and family planning, counsel and motivate them to adopt appropriate health and family planning practices, and deliver other selected services. These contacts are also important as they enhance the creditability of services and establish necessary rapport with the clients. In order to assess the extent of utilisation of government health facilities by all eligible women and to find out whether ANM/health workers reach the households for providing RCH services, a separate section in the women's questionnaire was canvassed to all the eligible women. This chapter has dealt with the accessibility and the opinion of women about the services provided by the government health workers. The quality of care offered by the government health programme as perceived by currently married women has also been presented.

7.1 Home Visit by Health Workers

Table 7.1 has shown the percentage of currently married women visited by health workers at home during the three months prior to the survey. Around 18 per cent of the women in Karnataka reported that the health worker visited them at their residences at least once in last three months preceding the survey. Younger women seemed likely to report a home visit than older women. Eighteen per cent of the women in the age group 15-24 years reported at least one home visit compared to only seventeen per cent of the women in the age group 35 years and older. The percentage of women in Karnataka receiving home visits was higher in rural areas (23 per cent) than in urban areas (6 per cent). Women who were non-literate (19 per cent) and women with a low standard of living (22 per cent) seemed more likely to report home visits. More Hindu women (18 per cent) reported home visits than Muslim, Christian and other religious groups (14, 16 and 10 per cent each). There was not much variation by caste/tribe. Home visits were almost same for women residing in the villages with a health facility.

Women who reported a home visit during the three months preceding the survey were asked as to who visited their household in the past three months and whether they were satisfied with the kind of services/advice received, and the time spent by these health workers. Among women who received services at home, 97 per cent received services from ANM/LHV, 3 per cent from male health worker and one per cent from a doctor. There were less rural-urban differentials by visit of households by health worker. Seventy eight per cent of women who had received services at home were satisfied with the time spent with them and 86 per cent of the women were satisfied with the services or advice given to them.

Table 7.1: HOME VISIT BY HEALTH WORKER

Percentage of women who had home visit by a doctor, ANM/LHV, or male health worker in the 3 months preceding the survey, among women who had home visit, satisfied with time spent by health workers and with services provided by selected background characteristics Karnataka, 2002-04

Background characteristic	Percentage with home visit	Number of women	Home visit by[1]			Percentage of women satisfied with		Number of women
			Doctor	ANM / LHV	Male health worker	Amount of time	Services/ advices	
Age								
15.24	17.9	6,951	0.7	97.9	1.9	77.9	87.7	1,245
25-34	18.0	9,253	1.0	96.4	3.9	77.5	84.9	1,662
35-44	17.2	6,452	1.0	95.8	3.7	78.0	84.9	1,110
Residence								
Rural	23.3	15,327	0.9	96.5	3.4	78.6	86.3	3,576
Urban	6.0	7,329	1.1	97.8	2.1	71.3	81.1	441
Education								
Non-literate	18.9	10,352	1.1	95.9	3.8	74.4	82.8	1,961
0-9 years@	18.3	7,179	0.8	97.1	2.8	81.4	88.7	1,315
10 Years & above	14.5	5,119	0.5	98.0	2.7	80.3	88.5	741
Religion								
Hindu	18.3	19,189	1.0	96.5	3.4	77.9	86.0	3,520
Muslim	14.4	2,879	0.4	98.2	1.8	75.8	83.2	416
Christian	15.6	390	0.0	96.1	3.9	79.6	91.2	61
Jain	9.7	181	*	*	*	*	*	18
Caste/tribe#								
Scheduled caste	18.5	4,038	0.9	96.1	3.4	77.7	88.1	748
Scheduled tribe	17.7	1,788	0.1	97.5	3.5	74.6	82.7	317
Other backward class	18.8	11,203	0.7	96.5	3.2	78.9	85.7	2,111
Other	15.1	5,459	1.6	97.4	3.1	76.6	85.3	827
Standard of living index								
Low	21.7	9,289	0.7	96.4	3.4	77.8	85.4	2,015
Medium	17.1	7,980	0.8	96.7	3.0	76.8	85.7	1,362
High	11.9	5,386	1.6	97.4	3.2	79.5	86.9	640
Availability of health facility[2] in the village								
No	23.1	8,484	0.8	95.6	4.0	78.4	85.0	1,959
Yes	23.6	6,843	0.9	97.7	2.7	78.7	87.9	1,617
Total	17.7	22,655	0.9	96.7	3.3	77.8	85.8	4,018

Note: Total included 4 women with missing information on education and 1 in religion who were not shown separately.
Total included 15 women from other religion who were not shown separately.
[1] Percentage add to more than 100.0 due to multiple responses. @ Literate mothers with no years of schooling were included. # Total number may not add to N due to do not know and missing cases.
[2] Included sub-centre, primary health centre, Community health center or referral hospital, government hospital, and government dispensary within the village.
* Percentages not shown: based on few cases.

The proportion of women who were satisfied with the amount of time spent, and advices provided by health workers varied across various background characteristics. There was not much differences regarding satisfaction with an amount of time spent by health workers during home visits by comparing older women with younger women. Eighty per cent of the women in the age group, 15-24 years and 25-34 years reported satisfaction with the time spent by health workers as compared to 78 per cent of the women aged 35 years and older. Eighty-eight per cent of the women in the age group 15-24 years reported satisfaction with services as compared to 85 per cent of the women in the age groups 25-34 and 35 years and older. Rural women (79 per cent) were more likely than urban women (71 per cent) to

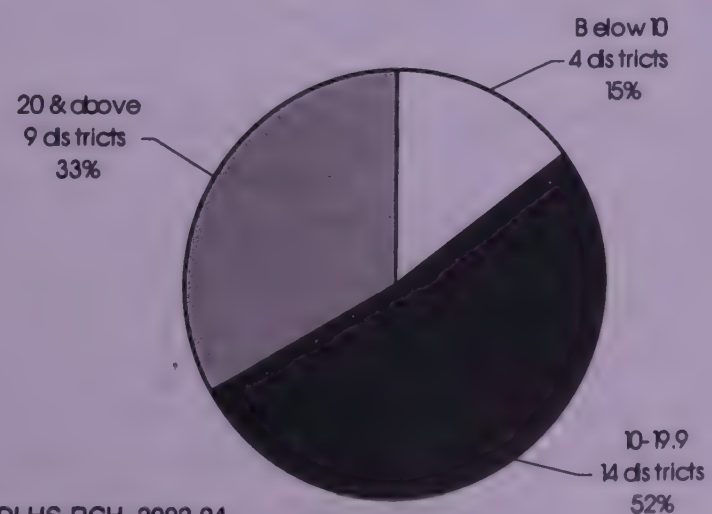
report that they were satisfied with the time spent by health workers during home visits, and also with service/ advices received (86 per cent and 81 per cent) respectively. Women who were literate, women from other religious and other backward castes, and women with a high standard of living were more likely to report satisfied with amount of time spent by health workers during home visits. Women residing in the village with availability of health facilities did not vary very much with the time spent from those villages where health facilities were not available.

7.2 Home Visit by Health Workers by Districts

In Karnataka, health workers visited less than 10 per cent of the women at home in Bangalore Urban, Chamarajanagar, Chitradurga and Dharwad. In more than half of the districts, the percentage of women visited by the Health Worker ranged from 10 to 20 per cent and 8 districts covered more than 20 per cent of the women. Districts like Chikmagalur, Davanagere, Hassan, Kolar, Koppal, Mandya, Tumkur, Udupi and Uttara Kannada (Table 7.2 and Figure 7.1). There was only one district (Kolar), in which about 35 per cent of the women were visited by health worker. Among women who were visited by health worker at home, more than ninety per cent of them were approached by ANM/LHV in almost all the districts. Approach by male worker at home was nil in Chamarajanagar, Chitradurga, Hassan, Mysore, Udupi districts and highest only in Kodagu (10 per cent) and Raichur (8 per cent). Percentage of women visited by the doctor was 7 per cent only in Bijapur and lower in almost all districts.

In all the districts except in Bellary (49 per cent) more than 60 per cent of the women said that the worker had spent enough time with them. On the other hand, except in Gulbarga (60 per cent), the percentage ranged from 70 to 90 per cent in the districts. Bagalkot, Bangalore Urban, Bangalore rural, Belgaum, Bellary, Bidar, Bijapur, Chikmagalur, Dakshina Kannada, Dharwad, Gadag, Hassan, Haveri, Kodagu, Kolar, Koppal, Raichur and Tumkur reported satisfaction with service/advices given by the health workers. It was more than 90 per cent in Chamarajanagar, Chitradurga, Davanagere, Mandya, Mysore, Shimoga, Udupi and Uttara Kannada.

Figure 7.1
Distribution of Districts by Home Visit by Health Worker



Karnataka. DLHS-RCH. 2002-04

Table 7.2: HOME VISIT BY HEALTH WORKER BY DISTRICT

Percentage of women who had home visit by a doctor, ANM/LHV, or male health worker in the 3 months preceding the survey, among women who had home visit, satisfied with time spent by health workers and with services provided by district, Karnataka, 2002-04

District	Percentage with home visit	Home visit by[1]			Percentage of women satisfied with	
		Doctor	ANM / LHV	Male health worker	Time spent	Service
Bagalkot	18.3	3.7	95.3	5.7	66.3	85.2
Bangalore Urban	7.3	0.0	96.4	3.6	85.4	87.5
Bangalore Rural	18.6	2.3	92.0	5.7	82.9	84.0
Belgaum	16.5	0.0	98.5	1.5	85.6	86.3
Bellary	16.0	0.4	99.7	3.0	48.9	84.0
Bidar	12.2	2.0	97.0	1.0	66.6	70.2
Bijapur	15.2	6.6	91.9	7.8	58.9	71.1
Chamarajanagar	8.6	0.0	100.0	0.0	96.9	98.5
Chikmagalur	29.9	0.0	99.4	0.6	59.6	86.1
Chitradurga	6.7	0.0	100.0	0.0	82.7	91.0
Dakshina Kannada	19.3	0.0	97.6	2.4	87.6	86.5
Davanagere	20.0	0.5	97.5	4.2	88.0	90.5
Dharwad	6.0	2.4	95.5	4.5	79.3	86.0
Gadag	17.4	2.6	97.0	4.7	74.4	81.4
Gulbarga	10.7	0.0	97.9	2.1	61.9	60.3
Hassan	26.5	0.2	99.8	0.0	85.7	86.3
Haveri	11.4	0.9	99.2	1.8	86.3	87.7
Kodagu	18.1	1.6	88.8	9.6	79.8	85.7
Kolar	35.3	0.6	95.5	4.9	79.5	78.4
Koppal	23.2	0.3	99.0	0.7	69.9	85.1
Mandya	22.0	0.4	99.2	0.4	85.6	92.9
Mysore	11.9	0.0	100.0	0.0	93.6	96.5
Raichur	16.1	0.0	91.7	8.3	58.1	85.1
Shimoga	17.6	0.0	98.2	1.8	81.2	92.6
Tumkur	25.2	0.9	92.8	6.8	69.8	89.8
Udupi	27.2	0.0	100.0	0.0	85.6	91.9
Uttara Kannada	26.1	3.3	91.6	5.1	89.3	92.7
Karnataka	17.7	0.9	96.7	3.3	77.8	85.8

Note: [1] Percentage adds to more than 100.0 due to multiple responses.

7.3 Matters Discussed during Home visits or Visits to Health Facilities

Women who were visited at home by a family planning worker, as well as those who visited government health facilities or other health facilities during the three months preceding the survey were asked about the different topics discussed with the workers during any of these visits. Table 7.3 has shown the percentage of women who discussed the health and family planning or any health related matters to the health workers during home visits or visits to a health facility during the past three months. There were 1,580 pregnant women or women with children born during the reference period, and other women includes 1, 880 current users and 558 current non-users, who were visited by health workers at home.

The major focus of discussion during home visits was treatment of health problems (39 per cent) and immunization (30 per cent). In addition, discussions were also held on childcare (22 per cent), family planning (17 per cent), and antenatal care (14 per cent), disease prevention (12 per cent) and nutrition (7 per cent). Discussions about family planning were mentioned more often by current users of contraception and by current non- users (14 per cent) each than pregnant women or women with child born after the reference period (17 per cent). As expected, pregnant women or women with child born after the reference period were much more likely than other women to report that they discussed childcare, immunization, antenatal care, postpartum care, and breastfeeding. A higher proportion of current

Table 7.3: MATTER DISCUSSED DURING CONTACT WITH A HEALTH WORKER

Percentage of women who were visited by health worker in the three months preceding the survey, and percentage of women who visited health facility, and the percentage of women[1] who discussed specific topics with the health worker, Karnataka, 2002-04

Topic discussed	Pregnant women or women with children after reference period[2]	Other women		Total
		Current contraceptive users	Current nonusers	
During home visit				
Family planning	17.0	6.4	13.9	11.6
Breastfeeding	(2.6)	(0.5)	(0.7)	(1.2)
Supplementary feeding	2.7	1.1	1.1	1.7
Immunization	30.1	4.2	4.7	14.5
Nutrition	6.7	2.7	3.1	4.3
Diseases prevention	11.5	19.0	18.8	16.0
Treatment of health problem	39.1	53.4	52.9	47.7
Antenatal care	13.7	3.7	5.8	7.9
Delivery care	8.0	1.1	1.6	3.9
Postpartum care	6.1	0.8	1.5	3.0
Childcare	21.5	8.5	6.6	13.3
Sanitation / cleanliness	3.0	3.8	1.9	3.2
Oral rehyderation	(1.4)	(1.2)	(0.5)	(1.2)
Other	5.8	12.1	12.5	9.7
Number of women	1,580	1,880	558	4,018
During visit to health facility				
Family planning	8.9	2.2	4.7	5.9
Breastfeeding	(0.9)	(0.2)	(0.7)	(0.6)
Supplementary feeding	(0.7)	(0.2)	(1.1)	(0.6)
Immunization	22.3	1.2	0.7	12.1
Nutrition	(2.0)	(0.8)	(1.8)	(1.5)
Diseases prevention	4.1	9.8	8.3	6.7
Treatment of health problem	33.4	75.0	69.9	52.8
Antenatal care	23.6	5.7	4.6	14.8
Delivery care	8.9	1.0	2.4	5.3
Postpartum care	3.7	0.1	0.0	1.9
Childcare	13.5	3.6	3.2	8.6
Sanitation / cleanliness	(0.7)	(1.1)	(0.7)	(0.9)
Oral rehyderation	(0.3)	(0.5)	(0.7)	(0.4)
Other	2.0	4.5	8.3	3.6
Number of women	1,326	955	277	2,560

Note: Percentage adds to more than 100.0 due to multiple responses.
[1] Women who visited private health facility are not included.
[2] Reference period for phase I, January 1st 1999 and for phase II, January 1st .2001
( ) Based on less than 50 cases

contraceptive users and current non-users discussed, disease prevention, treatment of health problems, sanitation/cleanliness and other health related matters during home visits by health workers during past three months preceding the survey.

The topic discussed most often during visits to health facilities by women was treatment of health problems (53 per cent), antenatal care (15 per cent), immunization (12 per cent) childcare (9 per cent), disease prevention (7 per cent), and other health related topics (4 per cent). Only six per cent the women reported that they discussed family planning during the visit. During visit to health facilities about one-fourth of the pregnant women or women with children born during the reference period discussed on immunization, 33 per cent discussed about treatment of a health problem, antenatal care 24 per cent, Immunization 22 per cent, childcare 14 per cent, delivery care 9 per cent and 4 per cent disease prevention. A few pregnant women or women with children born after reference period also discussed about postpartum care, breastfeeding, nutrition, oral re-hydration and breastfeeding during visit to health facilities. A higher proportion of current users and non-users discussed on treatment of health problems, disease prevention, and other health related problems than pregnant women with children after reference period during visit to health facilities in three months prior to survey.

7.4 Visit to Health Facility

Table 7.4 has presented the percentage of currently married women who needed to visit health facility, visited the health facility by residence and availability of health facility in the village. Around 34 per cent of the women needed to visit health facility but did not visit in comparison with 30 per cent of the women who needed to visit health facilities and visited in the past three months of the survey. The proportion of such women was higher in urban areas (36 per cent) than in rural areas (28 per cent). Among these who visited any health facility, 57 per cent of the women reported that they had visited a private Hospital, (49 per cent in rural areas and 71 per cent in urban areas).

Only thirty-seven per cent of the women visited a government health facility, of which 26 per cent visited government health facilities such as, hospital/CHC/FRU/RH, 9 per cent visited primary health centre, 2 per cent visited sub-centres and less than one per cent visited to the government dispensary. One per cent of the women reported that they visited Indian system of medicine hospital/ dispensary either government or private. There was not much difference in visit to any health facility according to availability of health facility in the village in the past three months of the survey.

Table 7.4: VISIT TO HEALTH FACILITY

Percentage of women who need to visit health facility and visited, and per cent distribution of women visited health facility by type of health facility and according to place of residence and availability of health facilities in the village, Karnataka, 2002-04

Health facility	Total	Residence		Availability of health facility[1] in the village	
		Rural	Urban	No	Yes
Percentage of women who needed to visit health facility and not visited	34.1	35.7	30.7	36.8	34.3
Percentage of women who needed to visit health facility and visited	30.2	28.2	34.5	27.8	28.6
Number of women	22,655	15,327	7,329	8,484	6,843
Government health facility					
Hospital / CHC / FRU /RH	25.5	27.9	21.4	31.7	23.3
Dispensary	0.7	0.7	0.6	0.7	0.8
Primary health center	9.2	13.2	2.3	10.5	16.5
Sub-center	1.5	2.3	0.1	1.1	3.6
Private health facility					
Hospital	56.8	48.5	71.1	48.4	48.6
Dispensary	5.0	6.1	3.1	6.1	6.1
ISM[2] hospital/dispensary	0.7	0.6	0.7	0.6	0.7
Other	0.5	0.3	0.7	0.5	0.2
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	6,838	4,315	2,523	2,357	1,958

Note: CHC: Community health centre, FRU: First referral unit, RH: Referral Hospital.
[1] Included sub-center, primary health centre, Community health center or referral hospital, government hospital, and government dispensary within the village.
[2] Either government or private health facility of Indian System of Medicine.
Total included 14 missing cases in place of visits which were not shown separately.

7.5 Visit to Health Facility by Districts

Table 7.5 has presented the percentage of currently married women who needed to visit health facility and visited by districts. Sixty-six per cent of the currently married women in Chamarajanagar, 61 per cent in Haveri, 57 per cent in Gulbarga and 54 per cent in Bidar needed to visit a health facility but they did not visit. Out of 27 districts in 3 districts, i.e., Bangalore Urban, Kodagu and kolar more than forty per cent of the women visited health facilities for their health problems. In Dakshina Kannada only 19 per cent of the women visited health facility when needed. Among these who visited the health facility, less than a quarter of the women visited government health facilities in 4 districts (Bangalore Urban, Dakshina Kannada, Gulbarga and Udupi), and except Chikmagalur, Hassan, Kodagu, Mandya and Mysore, in all districts more than half of the women visited private health facilities in the past three months the survey.

Table 7.5: VISIT TO HEALTH FACILITY BY DISTRICT

Percentage of women who needed to visit health facility, but not visited and percentage of women who visited health facility by type of health facility by district, Karnataka, 2002-04

Districts	Percentage of women who need to visit health facility, but not visited	Percentage of women who need to visit health facility and visited	Percentage of women who visited to	
			Government health facility	Private health facility
Bagalkot	30.8	30.4	29.4	70.2
Bangalore Urban	37.0	42.8	22.2	77.4
Bangalore Rural	33.4	39.6	39.7	59.6
Belgaum	46.8	25.5	29.5	69.7
Bellary	32.3	27.1	36.7	62.7
Bidar	53.5	28.2	27.4	72.6
Bijapur	34.2	32.3	31.9	68.1
Chamarajanagar	65.6	21.9	48.1	51.9
Chikmagalur	22.7	22.5	51.8	44.3
Chitradurga	25.0	32.2	40.3	59.7
Dakshina Kannada	44.4	18.7	17.4	82.6
Davanagere	13.2	24.7	40.4	59.6
Dharwad	1.1	20.2	44.7	55.3
Gadag	30.0	28.4	33.2	65.3
Gulbarga	56.7	28.9	22.2	76.0
Hassan	23.8	39.4	57.3	39.9
Haveri	60.7	37.5	33.7	66.3
Kodagu	27.1	40.5	50.5	49.4
Kolar	23.9	42.4	46.6	53.1
Koppal	22.6	22.1	30.9	69.1
Mandya	31.0	29.3	55.2	43.5
Mysore	35.0	26.4	55.9	43.7
Raichur	10.8	24.1	34.5	63.6
Shimoga	31.8	27.4	43.5	55.7
Tumkur	24.5	23.8	47.3	52.7
Udupi	28.1	20.8	17.2	82.8
Uttara Kannada	37.6	29.3	40.8	58.8
Karnataka	34.1	30.2	37.0	62.4

7.6 Client's Perception of Quality of Government Health Services

Utilization of services is an essential indicator reflecting the quality of services. Better quality of services will have a higher utilization rate, which is very important from the policy point of view. Unless clients are satisfied with the services provided by the government, efforts made by the government will be wasted. In order to assess the utilization of government health facilities, a question was asked whether they had visited any health facility for their health problem during the three months preceding the survey. Those who visited the government health facilities were asked their perceptions of quality of services, (personal manners like courtesy, respect, sensitivity, and friendliness of the physician and staff, technical skills and quality like thoroughness, carefulness, and competence and waiting time for receiving the services) and, the same has been presented in Table 7.6. Women, in general, perceived that

the quality of services, personal manners as well technical skills and quality of physician, ANM/nurse and other staff was good. A majority of the respondents perceived that personal manner (courtesy, respect, sensitivity, and friendliness) and technical skills (thoroughness, carefulness, and competence) of the physician, nurses and other staff were good. A few respondents mentioned that personnel manner of doctor the (8 per cent), nurse (5 per cent), and other staff including paramedical staff (4 per cent) was excellent.

Table 7.6: QUALITY OF GOVERNMENT HEALTH FACILITY

Percentage of women who visited government health facility and rated quality and availability of services during most recent visit to a government health facility in the three months proceeding the survey, Karnataka, 2002-04

Quality indicator	Poor	Good	Excellent
The convenience of the health facility location	19.8	72.2	7.9
Length[1] of time spend towards waiting	26.8	68.7	4.5
Personal manner[2] of the physician[5]	8.0	83.9	8.1
The technical skills and quality[3] of the physician[5]	8.8	85.0	6.3
Personal manner[2] of nurse	11.6	83.4	5.0
The technical skills and quality[3] of nurse	11.4	84.1	4.5
Personal manner of other staff[5]	11.0	84.9	4.1
The technical skills and quality of other[4] staff	11.5	84.4	4.0
The explanation of what was done to her	10.4	82.6	7.0
Medical, surgical and diagnostic equipment	11.8	84.1	4.1
General comfort	10.0	85.1	4.9

Note: [1] Poor indicated long waiting time, good indicated average waiting time, and excellent indicated short waiting time. [2] Courtesy, respect, sensitivity, friendliness. [3]Thoroughness, carefulness, competence
[4] Including paramedical staff.
[5]Included hospital/community health center/ first referral unit/ referral hospital, dispensary, and primacy health center last visit made by women.

7.7 Reason for not visiting Government Health Centre

Women who visited private health centres were asked the main reason for not visiting the government health centre and the results have been presented in Table 7.7. Thirty-seven per cent of the currently married women reported poor quality of services as one of the reasons for not visiting the government health centre for their health problems. As expected this reason was more reported by rural women (40 per cent) than urban women (33 per cent), and women from those village where health facilities were available (40 per cent). About 17 per cent reported that Doctors/health workers did not examine them properly, 17 per cent in rural areas and 17 per cent in urban area. Other reasons for not visiting government health centres were: Not conveniently located (14 per cent), time was not suited (13 per cent), heavy rush (5 per cent), non-availability or rare availability of doctors/ health workers (4 per cent), medicine rarely/not given or of bad quality (2 per cent).

Table 7.7: REASON FOR NOT PREFERRING GOVERNMENT HEALTH FACILITY

Percent distribution of women visited private health facility by reason for not visiting government health facility and according to residence and availability of health facilities in the village, Karnataka, 2002-04

Reason	Total	Residence		Availability of health facility[1] in the village	
		Rural	Urban	No	Yes
Not conveniently located	13.9	11.6	16.9	13.5	9.3
Time is not suited	12.7	9.6	16.7	9.0	10.4
Poor quality of services	36.8	39.5	33.3	39.1	40.0
Heavy rush	4.8	4.4	5.2	4.4	4.3
Non/rare-availability of doctors/health workers	4.4	5.9	2.5	6.0	5.9
Doctors/health workers do not examine properly	16.8	17.1	16.5	17.2	16.9
Medicine not/rarely given or of bad quality	1.9	2.6	1.1	2.7	2.5
Doctors/paramedical staff does not behave properly	0.2	0.2	0.2	0.2	0.3
Services are charged	1.1	1.1	1.1	1.2	1.0
Referred by government doctor	0.4	0.5	0.2	0.4	0.7
Other	6.9	7.5	6.3	6.4	8.7
Total percentage	100.0	100.0	100.0	100.0	100.0
Number of women	4,265	2,382	1,883	1,298	1,084

Note: [1] Included sub-centre, primary health centre, Community health center or referral hospital, government hospital, and government dispensary within the village

7.8 Family Planning Information and Advice Received

Women who were currently not using any contraceptive method were asked whether they were ever advised by ANM or family planning health worker to adopt family planning method and method advised during any of the contacts. Nineteen per cent of currently non-users said that they had advices or discussion on method of family planning with ANM or family planning health worker (Table 7.8). The most frequently discussed method was female sterilization (63 per cent) and IUD (28 per cent). Only three per cent of the women received advice to adopt male sterilization as a contraceptive method. Discussions about traditional method, such as rhythm or withdrawal were rare. There was no much variation by types of residence in terms of family planning information and advice received.

7.9 Availability of Pills and Condom

To explore the difficulties faced in the procurement of condoms and pills, current users of these methods were asked whether they had been able to get their supply whenever needed. The results have been presented in Table 7.9. Only 12 per cent of condom users and 4 per cent of pills users reported that they had a problem in getting these methods. A little higher proportion of urban women than rural women had problems in getting supply of condom.

Table 7.8: ADVISE TO ADOPT FAMILY PLANNING METHOD

Percentage of current non-users who reported ever advised to adopt family planning method by method of family planning by ANM/health worker, according to residence, Karnataka, 2002-04

Method	Total	Rural	Urban
Percentage of non-users who were advised to adopt family planning method	18.5	18.9	17.7
Number of women	8,797	5,883	2,914
Method			
Female sterilization	63.4	64.5	61.1
Male sterilization	3.4	3.6	2.9
IUD	27.7	26.7	29.9
Pills	4.0	3.8	4.4
Condom	1.2	1.2	1.2
Rhythem/periodic abstinence	0.1	0.1	0.2
Withdrawal	0.1	0.0	0.1
Other	0.1	0.1	0.2
Total percentage	100.0	100.0	100.0
Number of women	1,628	1,112	516

Table 7.9: AVAILABILITY OF REGULAR SUPPLY OF CONDOMS/PILLS

Percentage of current condom or pill users who ever had a problem getting a supply of condoms/pills by residence, Karnataka, 2002-04

Method/residence	Percentage who had a problem getting supply	Number of users
Condom		
Rural	9.8	70
Urban	12.4	145
Total	11.5	215
Pills		
Rural	5.8	87
Urban	3.5	229
Total	4.1	317

7.10 Quality of Care of Family Planning Services

Several aspects of quality of care of family planning services were also investigated. Current user of sterilization was asked whether the person or centre where sterilization had been performed, informed her about other alternative methods of family planning; and further, it was asked whether she was told by an ANM or health worker about possible side effects of the modern method at the time she accepted the method; whether she received any follow-up care after accepting the method. Tables 7.10 and 7.11 have presented the results of this investigation.

Around 39 per cent of the sterilized women reported that ANM or health worker informed them about alternative methods that they could use (Table 7.10) before adopting

sterilization. Around Thirty-nine per cent of the sterilized women received such information by an ANM or health worker in the government health facilities compared to around 42 per cent of the women who were sterilized in private health facilities, and about 51 per cent of such women were informed about alternative methods by others but not by a health worker working in government or private health sector. Thirty-eight per cent of the women received this information in the family planning or RCH camp or outreach/ MCH clinic in the village at the time of accepting sterilization.

Table 7.10: INFORMATION OF OTHER MODERN METHOD BEFORE STERILIZATION

Percentage of current users of sterilization who were informed about other modern method by the source where they get sterilized, according to the source of sterilization and residence, Karnataka, 2002-04

Source of sterilization	Total	Rural	Urban	Number of users
Government health facility	38.6	39.5	35.6	10,021
Family planning or RCH camp/ village session	37.8	37.1	41.1	490
Private health facility	42.1	45.1	40.2	1,291
Other	50.6	52.1	50.1	85
Total	39.0	39.7	37.1	11,902

Note: Total included 6, and 9 women who said that they sterilized at mobile clinic, and who did not know including missing information of place/source of sterilization, are not shown separately.

Table 7.11: INFORMATION ON SIDE EFFECT AND FOLLOW-UP FOR CURRENT METHOD

Percentage of current users of modern contraceptive methods who were told about side effects or other problems of current method by a health worker or ANM/Nurse at the time of accepting the method and percentage who received follow-up services after accepting the method by current method and residence, Karnataka, 2002-04

Information/follow-up	Total	Rural	Urban
Told about side effects			
Sterilization	49.8	47.6	55.7
Other modern method	52.1	47.0	54.4
Any modern method	50.0	47.6	55.4
Received follow-up			
Sterilization	47.5	53.1	32.6
Other modern method	30.3	45.1	23.4
Any modern method	46.0	52.8	30.8

Another important facet of informed contraceptive choice is being fully informed about any side effects and any other problems associated with the method. In Karnataka, only 52 per cent of the users of other modern method were informed of possible side effects or health problems associated with their current method. Forty-seven per cent of other modern method acceptors in rural areas and 54 per cent in urban areas reported that they were informed about side effects. Among users of other modern method other than sterilization, 48 per cent of rural users and 55 per cent of urban users were informed about side effects. It was clear from the result that ANM or health workers in Karnataka were not providing sufficient information to couples who need to make an informed choice about contraceptive methods.

The situation with respect to follow-up services was also not encouraging. Follow-up services among sterilization users were higher than users of modern methods. About fifty-three per cent of sterilization users in rural area and about 33 per cent in urban areas reported that they received follow-up services by ANM or health worker. Only 30 per cent of the users of other modern method received follow-up services. In all, only 53 per cent of the users of any modern method in rural areas and only 31 per cent in urban areas received follow-up services.

7.11 Quality of Care Indicators for Contraceptive Users by District

Table 7.12 has revealed inter-district variations in the percentage of users of sterilization who were told about alternative methods before adopting sterilization and about side effects or other problems related to the current method or users of modern contraceptive methods, and the percentage of users who received follow-up services.

The percentage of sterilization-users who were told about alternate method was lowest in Mysore (1 per cent) but it was highest in Raichur (67 per cent). There were also large inter-district variations in the percentage of sterilization- users and users of modern contraceptive methods who were told about the possible side effect. In case of sterilization, the proportion varied from a low of 9 per cent in Haveri to a high of 89 per cent in Bangalore rural, 87 per cent in Bangalore Urban and 82 per cent in Kolar. For other modern contraceptive methods, more than 79 per cent users in Bangalore rural, Dharwad and Gadag and a minimum of 24 per cent of users in Mysore were told about the side effects of the method. Follow-up services were slightly better for acceptors of sterilization than for other modern methods in most of the districts of Karnataka. Table 7.12 has also shown district wise variation in the percentage of currently non-users who were ever advised to adopt contraceptive methods, which varied from a low 8 per cent in Davanagere to a high of 36 per cent in Kodagu.

Overall, the quality of care for family planning and health services was far from satisfactory in many of the district of Karnataka; almost all districts need to work much more to improve their health and family planning services, particularly services that were provided by the government sector.

Table 7.12: QUALITY OF CARE INDICATORS FOR CONTRACEPTIVE USERS BY DISTRICT

Among currently married women who are current users of modern contraceptive methods, quality of care indicators related to the use of their current contraceptive method by district, Karnataka, 2002-04

District	Percentage informed about other methods before getting sterilization[1]	Percentage told about side effects or other problems with method[2]		Percentage who received follow –up[2]		Percentage non-user told ever had advised to adopt contraceptive method
		Sterilizat-ion	Other modern method	Sterilizat-ion	Other modern method	
Bagalkot	27.5	32.0	(37.2)	34.2	(10.4)	12.0
Bangalore Urban	37.5	86.8	63.6	46.3	27.1	24.1
Bangalore Rural	38.6	89.2	79.1	71.8	34.5	28.2
Belgaum	52.4	33.0	48.8	39.1	18.1	22.4
Bellary	17.9	35.3	(46.0)	33.4	(26.6)	9.3
Bidar	42.4	29.6	(28.9)	33.1	(19.2)	16.4
Bijapur	25.4	26.6	36.0	32.8	11.2	12.9
Chamarajanagar	37.7	50.8	72.9	49.1	44.2	10.6
Chikmagalur	64.1	28.9	43.0	48.9	30.0	25.6
Chitradurga	16.0	44.5	53.9	47.4	45.2	13.0
Dakshina Kannada	32.4	35.7	36.0	28.2	20.2	15.5
Davanagere	61.1	54.1	37.6	41.1	25.8	7.7
Dharwad	41.2	61.4	79.7	38.5	39.0	18.0
Gadag	28.6	41.6	(80.5)	45.1	(45.1)	15.3
Gulbarga	43.5	29.1	(28.1)	29.2	(22.2)	20.6
Hassan	32.9	65.4	39.1	59.8	42.5	26.5
Haveri	12.7	9.4	(53.5)	40.7	(11.3)	17.5
Kodagu	40.3	50.8	50.7	57.4	34.9	35.5
Kolar	28.0	82.4	63.5	68.6	33.6	26.7
Koppal	62.2	38.3	(39.8)	61.4	(4.2)	12.3
Mandya	33.2	60.5	57.2	64.6	50.4	23.7
Mysore	1.2	30.4	(23.5)	28.0	(21.0)	10.9
Raichur	67.0	36.6	(47.1)	51.4	(3.8)	8.7
Shimoga	62.0	55.6	48.5	45.5	35.1	14.7
Tumkur	66.5	28.5	45.1	53.1	45.6	20.6
Udupi	59.4	53.3	41.3	38.5	31.2	12.4
Uttara Kannada	58.5	39.9	35.5	59.0	34.9	28.7
Karnataka	39.0	49.8	52.1	47.5	30.3	18.5

Note: [1] At the time of accepting the current method. [2] By a health worker or ANM/Nurse after accepting the current method. ( ) Based on less number of cases.

7.12 Quality of Care of Maternal Health Care

Information on a few other aspects of quality of care in terms of maternal care was also collected. Women with last live/still births during three years preceding the survey were asked whether the Doctor/ANM/health worker advised you to go to health facility for delivery when they were pregnant, and received any follow-up care after delivering the baby within 2 weeks of delivery and received follow-up care of at least one visit within six weeks of delivery. The same information has been presented in Table 7.13.

Table 7.13: ADVISED TO HAVE DELIVERY AT HEALTH FACILITY AND FOLLOW-UP SERVICES FOR POSTPARTUM CHECK-UP

Percentage of women* who were advised to have delivery at health facility by doctor/ health worker and percentage who receive follow-up services within 2 weeks and within 6 weeks of delivery by ANM, according to residence, Karnataka, 2002-04

Advise/follow-up service	Total	Rural	Urban
Percentage of women who were advised to have delivery at health facility	55.6	48.2	71.2
Percentage of women who were visited within 2 weeks of delivery	28.1	35.5	12.5
Percentage of women who were visited at least once within 6 weeks of delivery	29.9	37.4	14.0
Number of women	7,597	5,163	2,434

Note: * Women who had live birth/still birth after 1.1.1999/2001

Total includes 4 missing cases in women who were visited within 2 weeks of delivery and 4 missing cases in women who were visited at least once within 6 weeks of delivery

About three-fifths of the women with last live/still births during three years preceding the survey reported that they were advised by the doctor or health worker to have delivery in a health facility. Women from urban areas (71 per cent) were more likely than rural areas (48 per cent) to get advised to deliver their child at health facility.

With regard to district wise variation, the percentage varied from as low as 22 per cent in Raichur to as high as 91 per cent in Bangalore Urban (Table 7.14). In six of the 27 districts, more than 70 per cent of the women were advised to deliver their child in a health facility.

Twenty-eight per cent of the women reported that they were visited by an ANM within two weeks of delivery; such visit was only 13 per cent in urban areas and 36 per cent in rural areas. Only 37 per cent of the women in rural areas and 14 per cent in urban areas received at least one follow-up service within six weeks of delivery. More than one quarter of the women had received postpartum check-up within 2 weeks of delivery in 19 districts of Karnataka, and the proportion of women who had at least one postpartum check-up within six weeks of delivery varied from a low of 10 per cent in Dakshina Kannada to a high of 56 per cent in Kodagu (Table 7.14).

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Table 7.14: QUALITY OF CARE INDICATORS FOR MATERNAL CARE

Among currently married women* who are given live/still birth three years preceding the survey, quality of care indicators related to delivery care by district, Karnataka, 2002-04

District	Percentage of women		
	Advised to have delivery at health facility by doctor/ health worker	Visited within 2 weeks of delivery by ANM	Visited at least one within 6 weeks of delivery by ANM
Bagalkot	33.8	24.5	25.8
Bangalore Urban	91.1	10.1	12.4
Bangalore Rural	74.2	29.7	31.4
Belgaum	57.0	32.8	33.0
Bellary	32.3	29.7	30.7
Bidar	50.4	18.3	18.6
Bijapur	37.2	20.2	21.3
Chamarajanagar	61.5	11.1	11.6
Chikmagalur	45.9	44.8	49.4
Chitradurga	62.4	32.6	32.9
Dakshina Kannada	63.9	9.6	10.4
Davanagere	50.0	28.5	30.0
Dharwad	60.9	24.4	24.7
Gadag	35.5	35.3	35.5
Gulbarga	41.5	21.0	21.9
Hassan	68.4	43.0	48.8
Haveri	52.8	31.0	31.0
Kodagu	74.2	48.4	55.8
Kolar	70.9	39.8	45.4
Koppal	26.9	32.2	34.5
Mandya	52.8	41.8	45.5
Mysore	47.4	26.7	27.2
Raichur	21.9	13.8	13.8
Shimoga	74.4	38.3	39.1
Tumkur	46.0	38.7	40.6
Udupi	75.7	34.6	36.5
Uttara Kannada	58.3	42.0	46.6
Karnataka	55.6	28.1	29.9

Note: * Women who had live birth/still birth after 1.1.1999/2001.

CHAPTER VIII

REPRODUCTIVE HEALTH PROBLEMS AND AWARENESS OF RTIs/STIs AND HIV/AIDS

One of the important components of the Reproductive and Child Health Programme is to have a healthy sexual life without any fear of contracting disease. With this approach, the RCH programme places a lot of emphasis on promoting and encouraging healthy sexual behaviour among couples through various Information, Education and Communication (IEC) activities. Health workers are also expected to educate women and men about Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) and motivate those people with RTI/STI problems to seek medical help. The DLHS-RCH made an attempt to collect information on awareness and prevalence of RTI/STI. Apart from this, information on knowledge of HIV/AIDS, source of information and way of avoiding AIDS were also collected.

8.1 Awareness of RTI/STI

An attempt was made to asses whether couples were aware of RTI/STI. Currently married women and their husbands were asked about their awareness of RTI/STI, and if they were aware, they were further questioned about the source of information and mode of transmission of the disease.

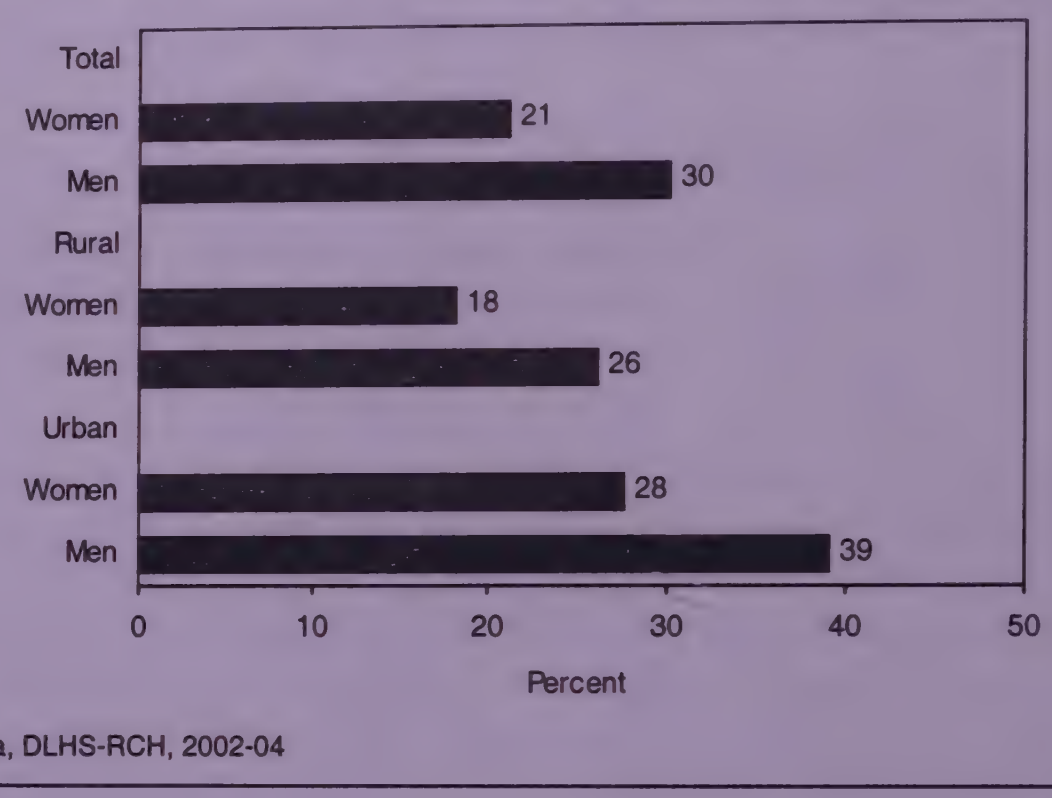
Table 8.1 has shown the percentage of women aware of RTI/STI by background characteristics. About twenty-one per cent of the women in Karnataka were aware of RTI/STI. The proportion of women who were aware of RTI/STI was much higher in urban areas (28 per cent) than in rural areas (18 per cent) (Figure 8.1). Awareness of RTI/STI was much lower among younger women, non-literate women, women from Muslim religion, scheduled caste and scheduled tribe women and women from households with a low standard of living. Awareness of RTI/STI increased from 12 per cent among non-literate women to 40 per cent among women who had completed 10 or more years of schooling. The standard of living index has shown a positive relationship with awareness of RTI/STI, ranging from 14 per cent among women with a low standard of living to 35 per cent among women with a high standard of living.

Those women who had heard of RTI/STI were further asked about the source of information of RTI/STI, which has been presented in Table 8.1. Almost three-fifth of the women reported that they received information of RTI/STI from friends or relatives. Other sources of information of RTI/STI as reported by women were television (48 per cent), radio and newspaper or books or magazines (31 per cent each), slogans or posters or pamphlets or wall hoardings (9 per cent). Sixteen per cent of the women received this information both from doctors and health workers, 14 per cent of the women from community meetings, 7 per cent of the women from school teacher and about 3 per cent of the women had heard of RTI/STI from another source.

Table 8.2 has shown the percentage of husbands of currently married women who had heard of RTI/STI by specific source of information according to some selected background characteristics. In Karnataka, the percentage of men who had heard of RTI/STI was higher

than that of women (Figure 8.1). Thirty per cent of the men heard of RTI/STI. Men from urban areas and 25-34 years of men were relatively more aware of RTI/STI. Men who belong to Muslim religion and mainly from scheduled tribes were less likely to report awareness of RTI/STI. The awareness of RTI/STI was high among men in Karnataka. The level of awareness of RTI/STI increased with an increase in education level and standard of living. Fourteen per cent of non-literate men were aware of RTI/STI as compared to 51 per cent of men who had completed 10 or more years of schooling. Twenty-one per cent of men from households with a low standard of living were aware of RTI/STI as compared to 45 per cent of men with a high standard of living.

Figure 8.1
Awarness of RTI/STI by Sex According to Residence



Karnataka, DLHS-RCH, 2002-04

Televisions were the most prominent source of RTI/STI for men in Karnataka. Sixty per cent of the men who knew about RTI/STI received information from televisions. Other important sources of information about RTI/STI were the relatives or friends (54 per cent) followed by newspaper or books or magazines (52 per cent), radio (45 per cent), slogans or posters or pamphlets or wall hoardings (29 per cent). Nineteen per cent of the men received this information from a doctor, 9 per cent from health workers, 8 per cent from community meetings, and 4 per cent mentioned that they had received information about RTI/STI from schoolteachers. About 2 per cent of the men reported that they heard of RTI/STI from other sources. Televisions and relatives or friends were the most important source of information of RTI/STI in all the groups. Men from urban areas, men from 10 or more years of schooling, Christian men, men from 'other caste category', men with a high standard of living and 25-34 years old of men were more prone to receive information from televisions. The differences in the knowledge of RTI/STI from newspaper or books or magazines as a source of information by educational level and standard of living household were quite visible. Only eighteen per cent of non-literate men had heard of RTI/STI from newspaper or books or magazines, which increased to 70 per cent for men who had completed 10 or more years of schooling.

Table 8.1: SOURCE OF KNOWLEDGE ABOUT RTI/STI AMONG WOMEN

Percentage of currently married women aged 15 - 44 who have heard about RTI/STI and among women who have heard about RTI/STI, percentage who received information from specific sources by selected background characteristics, Karnataka, 2002-04.

Background Characteristics	Percentage who have heard about RTI/STI	Number of Women	Among those who have heard about RTI/STI, percentage who received information from.										Number of women who have heard about RTI/STI
			Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others	
Age group (years)													
15-19	14.9	2,261	36.0	46.2	22.4	5.0	11.4	10.3	7.0	11.3	63.5	1.1	336
20-24	19.5	4,690	32.3	46.9	29.8	9.8	14.0	13.5	6.4	13.1	59.7	2.6	915
25-29	22.0	4,905	30.6	47.7	31.1	8.4	16.8	17.1	7.2	11.9	57.7	2.9	1,081
30-34	23.2	4,347	27.8	46.3	32.4	9.4	18.6	17.1	7.1	15.0	58.3	3.1	1,011
35-39	23.2	3,633	32.0	50.5	33.9	9.4	17.3	14.8	5.6	13.1	58.0	3.3	844
40-44	21.9	2,819	34.2	47.9	34.5	10.1	16.2	17.4	8.2	17.8	58.7	4.8	617
Residence													
Rural	18.2	15,327	34.7	36.4	19.9	8.2	14.3	17.1	6.9	14.7	61.6	3.0	2,785
Urban	27.6	7,329	26.9	63.2	47.3	10.2	18.9	13.5	6.8	12.2	54.8	3.1	2,020
Education													
Non-literate	11.5	10,352	26.5	23.4	10.3	2.0	10.1	11.4	2.4	12.2	67.8	3.6	1,193
0-9 years@	21.8	7,179	32.2	41.1	22.9	7.0	12.8	15.6	5.6	14.0	62.5	1.9	1,567
10 Years & above	39.9	5,119	33.7	66.9	50.3	14.7	22.5	18.0	10.4	14.3	50.7	3.6	2,045
Religion													
Hindu	21.6	19,189	31.6	46.4	30.4	9.1	15.4	15.5	6.6	13.9	59.1	3.2	4,136
Muslim	16.5	2,879	27.5	55.1	40.5	8.0	20.0	15.5	9.0	12.6	55.8	2.1	474
Christian	28.8	390	35.4	56.8	38.2	14.7	32.8	24.3	9.7	14.8	54.0	1.1	112
Jain	43.1	181	41.6	59.2	25.0	4.7	17.4	9.6	4.3	5.9	66.6	2.7	78
Caste/tribe#													
Scheduled caste	14.2	4,038	25.6	35.2	21.7	6.6	9.8	13.3	2.6	11.8	62.2	2.0	574
Scheduled tribe	15.9	1,788	30.1	34.5	15.4	3.1	12.3	13.3	4.2	11.7	66.2	4.0	284
Other backward class	21.2	11,203	29.3	44.5	30.9	8.3	13.8	14.4	6.7	12.1	59.4	3.6	2,378
Other	28.2	5,459	37.2	60.0	38.9	12.2	23.2	18.7	9.1	17.4	55.5	2.4	1,541
Standard of living index													
Low	13.7	9,289	30.1	21.6	10.2	4.6	11.8	14.2	3.7	14.3	66.0	2.5	1,269
Medium	20.8	7,980	30.0	46.8	28.0	6.7	13.1	14.4	5.9	13.3	61.5	3.3	1,660
High	34.8	5,386	33.5	66.0	48.8	14.1	22.1	17.5	9.8	13.6	51.5	3.3	1,876
Total	21.2	22,655	31.4	47.7	31.4	9.0	16.3	15.6	6.9	13.7	58.8	3.1	4,804

Note: Total included 4 women with missing information on education, 1 in religion who were not shown separately. Total includes 15 women from other religions who were not shown separately
Total figure might not add to N due to do not know and missing cases.
@ Literate women with no year of schooling are also included.

Table 8.2: SOURCE OF KNOWLEDGE ABOUT RTI/STI AMONG MEN

Percentage of husbands of eligible women who have heard about RTI/STI and among men who have heard about RTI/STI, percentage who received information from specific sources by selected background characteristics, Karnataka, 2002-04.

Background characteristics	Percentage who have heard about RTI/STI	Number of men	Among those who have heard about RTI/STI, percentage who received information from: Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others	Number of men who have heard about RTI/STI
Age group (years)													
< 25	27.2	618	40.7	48.6	39.9	24.4	12.6	8.6	2.8	6.8	60.6	2.9	168
25-34	32.4	4,477	45.5	61.3	54.5	28.8	18.1	7.5	2.4	6.5	57.7	1.8	1,449
35-44	29.2	5,418	43.5	60.8	53.1	28.9	18.6	8.9	3.8	7.7	52.9	2.4	1,581
45+	29.5	3,390	46.0	57.7	50.1	29.0	22.5	9.9	5.0	9.0	47.6	2.5	998
Residence													
Rural	26.1	9,548	40.1	46.1	38.7	21.1	15.1	7.9	3.2	7.4	52.2	2.1	2,491
Urban	39.1	4,355	51.3	79.8	72.3	39.7	25.0	9.8	4.1	7.7	55.7	2.5	1,704
Education													
Non-literate	13.5	4,791	24.1	29.7	17.9	12.5	14.7	7.1	6.0	9.8	51.9	2.1	648
0-9 years@	28.0	4,780	42.8	51.9	40.1	19.8	12.5	8.0	2.4	7.3	58.5	1.5	1,340
10 Years &above	51.0	4,332	51.9	73.4	70.0	38.9	24.4	9.5	3.5	7.0	51.1	2.8	2,208
Religion													
Hindu	30.3	11,846	44.3	58.8	51.9	28.1	18.6	7.9	3.6	6.9	54.1	2.1	3,587
Muslim	26.3	1,667	43.3	63.4	50.7	26.5	17.6	12.8	2.0	10.7	49.8	2.4	438
Christian	40.2	247	65.8	72.5	69.2	50.2	34.1	19.1	11.4	21.5	42.2	3.2	99
Jain	51.0	137	43.3	70.8	61.5	40.7	33.2	6.7	1.6	1.7	68.4	8.3	70
Caste/tribe$													
Scheduled caste	23.9	2,462	39.3	54.3	48.4	21.6	15.3	5.6	3.6	5.5	56.7	1.9	588
Scheduled tribe	21.3	1,100	34.4	44.8	38.9	22.0	12.8	6.1	3.7	6.1	54.1	2.3	234
Other backward class	30.5	6,873	43.0	58.2	48.4	24.8	16.4	7.0	3.4	6.5	55.6	2.2	2,097
Other	37.2	3,380	51.8	67.8	63.7	39.5	26.5	13.1	3.8	10.2	49.3	2.6	1,256
Standard of living index													
Low	21.3	5,790	33.0	32.9	29.4	13.9	13.8	7.0	4.2	7.4	55.3	1.9	1,231
Medium	30.7	4,902	42.1	62.5	50.7	25.9	15.7	8.7	3.2	7.5	53.0	2.4	1,507
High	45.4	3,211	57.2	79.7	73.5	44.0	27.1	10.0	3.3	7.7	52.8	2.3	1,459
Total	30.2	13,904	44.7	59.8	52.4	28.7	19.1	8.6	3.5	7.5	53.6	2.2	4,196

Note: Total included 1 man with missing information on education who was not shown separately. Total included 6 men from other religions who were not shown separately

@ Literate men with no year of schooling were also included. # Total figure might not add to N due to don't know and missing cases.

8.1.1 Knowledge of Mode of Transmission of RTI/STI

Women who were aware of RTI/STI were asked about the mode of transmission. This has been presented in Table 8.3. Among women who reported knowledge of RTI/STI, 36 per cent of them did not know anything further about the mode of transmission of this disease. This proportion was relatively higher among rural women, non-literate women, women from other than Christian religion, women from scheduled-castes and women coming from households with low standard of living. Thirty-nine per cent of rural women did not know about the mode of transmission of RTI/STI compared to 32 per cent of urban women. Heterosexual intercourse and lack of personnel hygiene were mentioned by 41 and 31 per cent of the women respectively as mode of transmission of RTI/STI. Only 9 per cent of the women reported homosexual intercourse and 7 per cent reported other modes of transmission of RTI/STI.

Table 8.3: SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF RTI/STI AMONG WOMEN

Percentage of currently married women aged 15-44 who have heard of RTI/STI, knowledge of mode of transmission by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage by knowledge of mode of transmission				Do not know	Number of women who have heard of RTI/STI
	Homosexual intercourse	Heterosexual intercourse	Lack of personnel hygiene	Other		
Age						
15-19	8.5	41.1	23.2	5.3	32.8	336
20-24	6.8	40.4	25.4	5.2	38.9	915
25-29	8.6	40.1	28.3	6.8	38.9	1,081
30-34	8.1	41.4	33.0	6.4	37.8	1,011
35-39	10.0	42.2	34.7	6.5	31.9	844
40-44	5.9	39.4	36.8	9.0	31.9	617
Residence						
Rural	7.8	36.2	26.5	3.6	38.9	2,785
Urban	8.5	47.1	36.2	10.5	32.2	2,020
Education						
Non-literate	4.9	25.5	18.3	5.2	47.6	1,193
0-9 years@	5.9	37.8	26.5	7.0	41.9	1,567
10 years & above	11.5	52.0	40.9	6.9	25.0	2,045
Religion						
Hindu	8.2	40.1	30.5	5.9	36.3	4,136
Muslim	5.7	41.3	31.3	8.5	37.1	474
Christian	14.6	53.9	41.3	17.0	21.4	112
Jain	3.5	56.8	18.7	11.3	37.4	78
Caste/tribe#						
Scheduled caste	4.5	29.9	22.5	5.8	46.6	574
Scheduled tribe	6.1	36.8	26.0	5.7	36.7	284
Other backward class	8.7	39.9	25.0	6.2	38.0	2,378
Other	8.9	46.8	42.7	7.5	29.0	1,541
Standard of living index						
Low	5.3	30.8	20.0	3.7	46.8	1,269
Medium	8.5	39.7	27.1	7.4	37.7	1,660
High	9.6	48.5	40.9	7.7	27.4	1,876
Total	8.1	40.8	30.6	6.5	36.1	4,804

Note: Total included 3 women from other religions who were not shown separately

Total figure might not add to N due to `do not know' and missing cases.

@ Literate women with no year of schooling were also included.

Table 8.4 has presented the knowledge of mode of transmission of RTI/STI among men. Among men who had heard of RTI/STI, 10 per cent of them mentioned that they did not know anything about the mode of transmission of this disease. The percentage of men who did not know about the mode of transmission was higher among younger and older men, non-literate men, Hindu and other religions, from scheduled tribes, and from households with a low standard of living. Among the men who know the modes of transmission of RTI/STI, 74 per cent mentioned heterosexual intercourse, twenty per cent reported lack of personnel hygiene, and more than 6 per cent mentioned homosexual intercourse, and 8 per cent reported other modes of transmission.

Table 8.4: SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF RTI/STI AMONG MEN

Percentage of husbands of currently married women who have heard of RTI/STI, knowledge of mode of transmission by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage by knowledge of mode of transmission					Number of men who have heard of RTI/STI
	Homosexual intercourse	Heterosexual intercourse	Lack of personnel hygiene	Other	Do not know	
Age						
<25	6.8	75.3	16.2	6.7	12.0	168
25-34	5.7	76.0	18.6	8.8	8.4	1,449
35-44	6.5	74.4	20.8	7.4	9.8	1,581
45+	7.0	71.7	22.0	6.8	11.5	998
Residence						
Rural	5.4	71.1	17.8	8.0	12.2	2,491
Urban	7.8	79.1	23.6	7.2	6.4	1,704
Education						
Non-literate	8.0	61.4	15.8	8.1	21.8	648
0-9 years@	6.6	74.9	14.7	6.3	11.0	1,340
10 years & above	5.7	77.8	24.8	8.5	5.6	2,208
Religion						
Hindu	6.1	74.7	19.3	7.6	10.4	3,587
Muslim	7.6	69.5	25.8	7.2	7.8	438
Christian	13.3	75.0	30.7	7.5	4.4	99
Buddhist	3.1	84.2	15.0	12.9	0.0	70
Other	6.3	71.9	20.0	7.8	11.9	588
Caste/tribe#						
Scheduled caste	4.2	67.6	20.9	7.4	15.8	234
Scheduled tribe	4.8	76.4	17.1	8.4	11.2	2,097
Other backward class	8.8	73.8	25.3	6.5	5.6	1,256
Standard of living index						
Low	6.6	69.2	14.4	8.6	16.1	1,231
Medium	5.8	74.2	18.8	7.9	8.8	1,507
High	6.8	78.8	26.4	6.8	5.6	1,459
Total	6.4	74.3	20.2	7.7	9.8	4,196

Note: Total included 1 man from other religion and 20 in other caste who were not shown separately.
Total figure might not add to N due to `do not know' and missing cases.
@ Literate men with no years of schooling were also included.

8.2 Prevalence of RTI/STI

In DLHS-RCH, information was collected on the common symptoms of reproductive tract infections and sexually transmitted infections from women and their husbands, and information on menstruation related problems in the three months immediately preceding the survey.

The prevalence of reproductive tract infections and sexually transmitted tract infections is judged by their symptoms. All the respondents were told about symptoms of RTI/STI, and were asked whether they had any of them. In case of the presence of at least one symptom, they were further asked whether they sought treatment for such problems, and if they had sought treatment, details regarding the source of treatment also recorded. The topic of RTI/STI was quite sensitive. The culture of silence prevented people from discussing such topics in front of others. In spite of intensive training of the investigators, the respondent might have hesitated in reporting the symptoms of RTI/STI. What got reported in the survey though might not have given the exact prevalence, but might have given the lower limit for it.

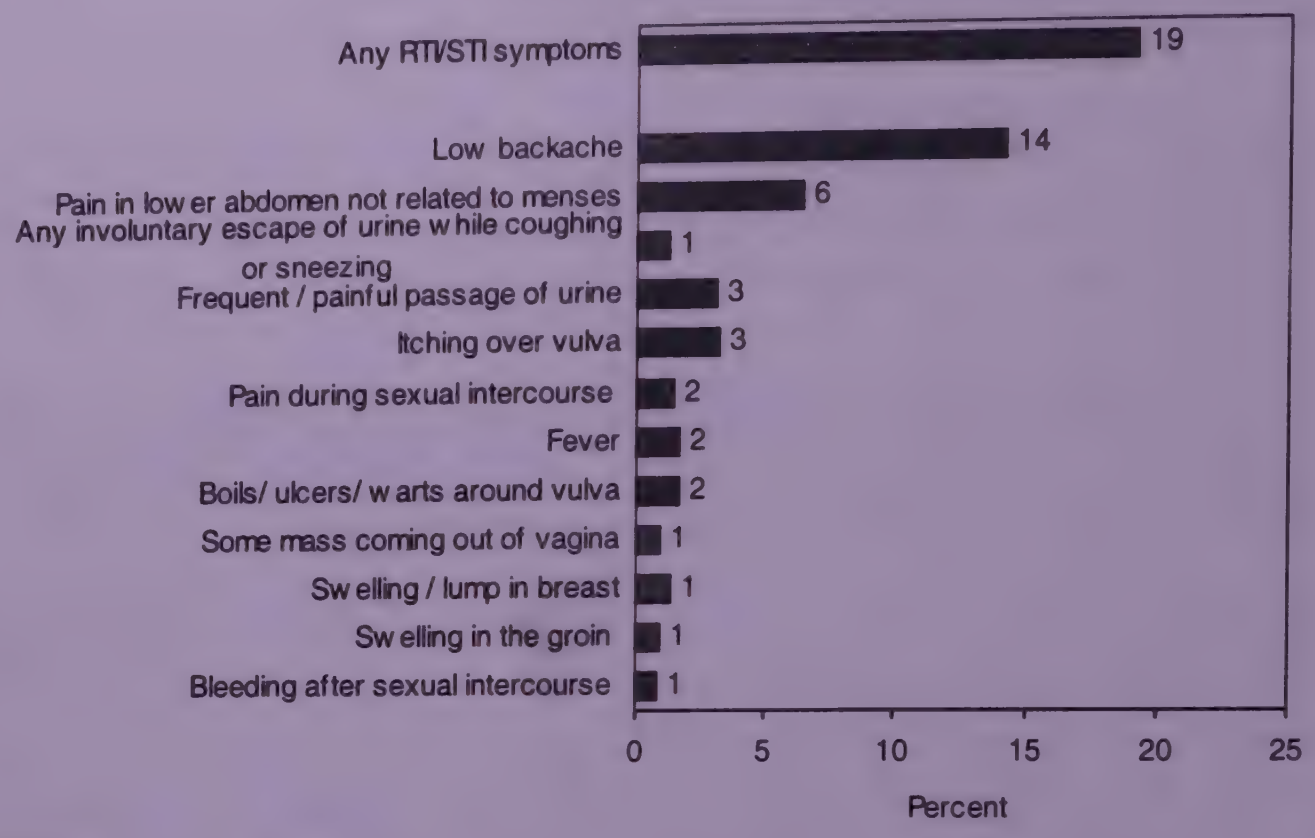
Table 8.5 and Figure 8.2 have shown that around one-fifth of currently married women (19 per cent) reported at least one reproductive health problem. The problems reported by women were 'low backache' (14 per cent), 'pain in lower abdomen not related to menses' (6 per cent). Other symptoms of reproductive health reported by women were 'itching over vulva' and 'frequent / painful passage of urine' (3 per cent each), 'boils/ulcers/warts around vulva', 'fever' and 'painful sexual intercourse (2 per cent each). Very few women reported 'swelling/lump in breast', 'any involuntary escape of urine while coughing or sneezing' (1 per cent), 'swelling in the groin', 'some mass coming out of vagina' and 'bleeding after sexual intercourse' (less than 1 per cent). The prevalence of reproductive health problems was common among rural and urban women.

Table 8.5: SYMPTOMS OF RTI/STI AMONG WOMEN

Percentage of currently married women aged 15-44 who reported any symptoms RTI/STI and specific symptoms during three months prior to survey, according to residence, Karnataka, 2002-04

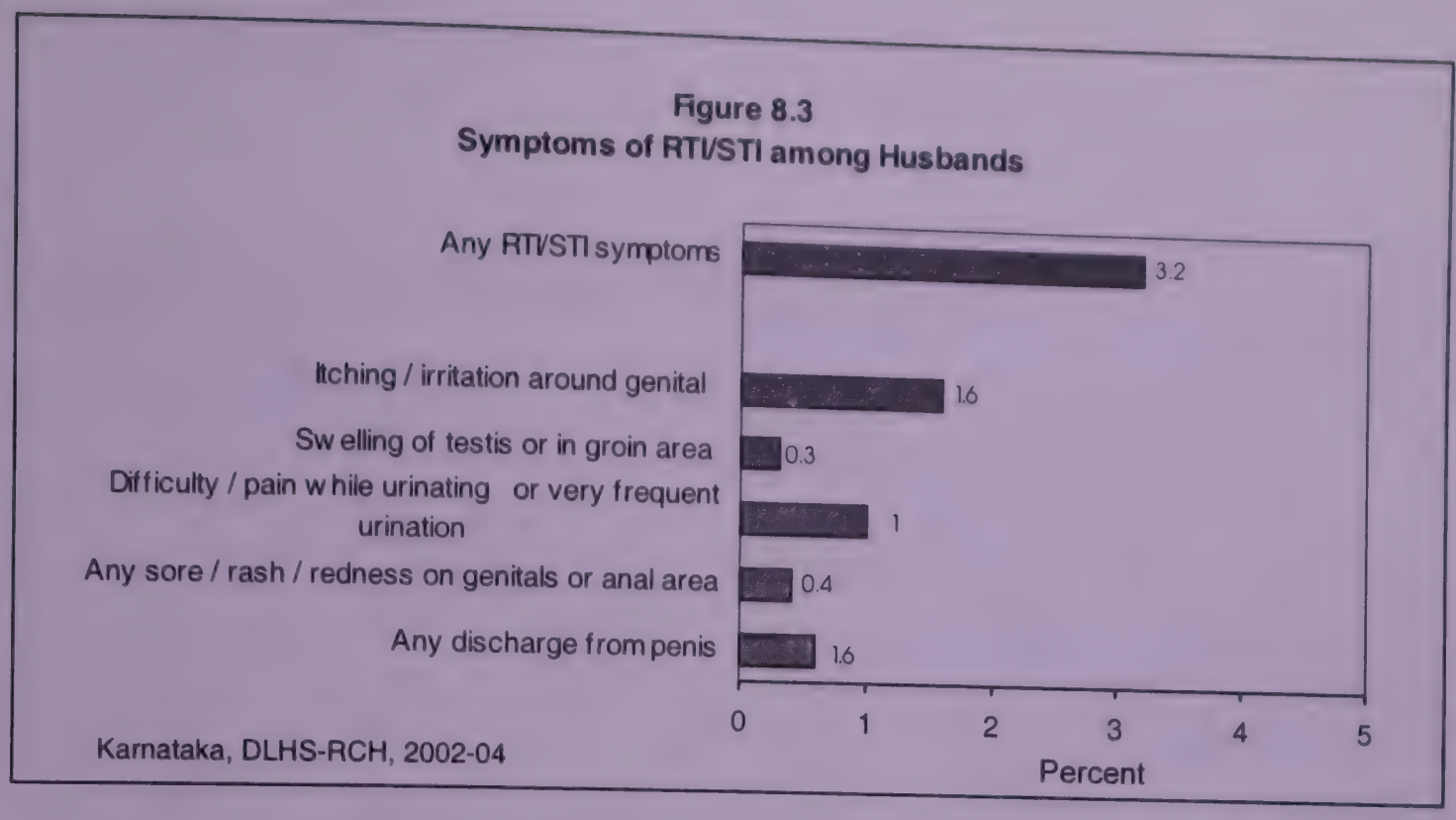
Symptoms	Total	Residence	
		Rural	Urban
Percentage of women reported any RTI/STI symptoms	19.2	19.9	17.8
Symptoms			
Itching over vulva	3.2	3.1	3.3
Boils/ ulcers/ warts around vulva	1.7	1.9	1.4
Pain in lower abdomen not related to menses	6.4	6.7	5.7
Low backache	14.2	14.6	13.4
Pain during sexual intercourse	1.5	1.8	0.9
Bleeding after sexual intercourse	0.8	1.1	0.4
Swelling in the groin	0.9	1.0	0.6
Frequent / painful passage of urine	3.1	3.4	2.5
Fever	1.7	2.0	0.9
Some mass coming out of vagina	0.9	1.2	0.3
Any involuntary escape of urine while coughing or sneezing	1.2	1.5	0.6
Swelling / lump in breast	1.4	1.7	0.8
Number of women	22,655	15,327	7,329

Figure 8.2
Symptoms of RTI/STI among Women



Karnataka, DLHS-RCH, 2002-04

Table 8.6 and Figure 8.3 have shown the prevalence of reproductive health problems among husbands of currently married women. The prevalence of RTI/STI among men was judged by the reporting of symptoms. Only three per cent of the men reported experiencing at least one symptom of reproductive health problem in the last three months preceding the survey. The prevalence of reproductive health problems was higher among rural men (4 per cent) than among urban men (2 per cent). The specific problem of reproductive health experienced by men was 'itching / irritation around genital' (2 per cent), 'difficulty / pain while urinating or very frequent urination' and 'discharge from penis' (1 per cent each), 'sore / rash / redness on genitals or anal area' and 'swelling of testes or in groin area' (less than 1 per cent).



Among men who reported reproductive health problems, 36 per cent of them sought treatment. There was no major rural-urban differential in seeking treatment for reproductive health problems. Among them only 38 per cent visited a government health facility, including a primary health centre (3 per cent) and sub-centre (8 per cent) and 46 per cent visited a private health facility. Seven per cent of the men were treated by the Indian system of medicine, 9 per cent obtained treatment from a chemist or medical shop, and 4 per cent of the men reported that they were treated at other sources. A large proportion of men saw a doctor (82 per cent), 80 per cent in rural areas. Five per cent of the men were seen by a male health worker, 4 per cent by a traditional healer, 1 per cent by relative or friends, and 1 per cent by an ISM practitioner. Nine per cent of the men went to a chemist. Another 3 per cent of the men obtained treatment from other sources.

The DLHS-RCH also collected information from currently married women on symptoms of RTIs, that is, on abnormal vaginal discharge, texture, colour and odour of discharge in the three months immediately preceding the survey. The prevalence of reproductive health problems among currently married women was estimated from women's experiences. Table 8.7 has shown the asymptotic prevalence of vaginal discharge related problems among currently married women in Karnataka during the three months preceding the survey according to residence. Seven per cent of the women reported problems related to vaginal discharge. The prevalence of vaginal discharge problem was slightly higher among rural women (8 per cent) than among urban women (7 per cent).

Table 8.6: SYMPTOMS OF RTI/STI AMONG MEN

Percentage of husbands of currently married women who reported any symptoms RTI/STI and specific symptoms during three months prior to survey and sought treatment for RTI/STI by source of treatment, according to residence, Karnataka, 2002-04

Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of men reported any RTI/STI symptoms	3.2	3.9	1.6
Symptoms			
Any discharge from penis	0.6	0.7	0.1
Any sore / rash / redness on genitals or anal area	0.4	0.5	0.1
Difficulty / pain while urinating or very frequent urination	1.0	10.3	0.3
Swelling of testis or in groin area	0.3	0.4	0.1
Itching / irritation around genital	1.6	1.9	1.0
Number of men	13,904	9,548	4,355
Percentage of men sought treatment for any RTI/STI[1]	35.9	36.2	34.4
Number of men	443	374	69
Percentage sought treatment at health facility[2]			
Government health facility[3]	38.2	40.4	*
Primary health centre	2.6	1.7	*
Sub centre	7.7	9.1	*
Private health facility[4]	46.1	45.1	*
ISM[5] facility	7.3	5.1	*
Chemist/ medical shop	9.0	9.4	*
Other	4.4	5.1	*
Percentage obtained treatment from[2]			
Doctor	82.1	79.9	*
Male health worker	5.1	5.1	*
Traditional healer	3.7	3.4	*
Relative/friends	0.6	0.7	*
ISM practitioner	0.6	0.5	*
Home remedy	0.4	0.5	*
Chemist medical shop	9.1	10.7	*
Other	3.1	3.5	*
Number of men	159	136	24

Note: [1] Based on men with any symptoms of RTI/STI.
[2] Percentage might add more than 100.0 due to multiple responses.
[3] Includes Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre. [4] Includes private hospital/ clinic, non-governmental / trust hospital/clinic. [5] Either government or private hospital/clinic of Indian system of medicine.
* Percentage not shown: based on few cases.

Table 8.7: ABNORMAL VAGINAL DISCHARGE

Percentage of currently married women aged 15-44 who reported had abnormal vaginal discharge during three months prior to survey and percentage who sought treatment and source of treatment according to residence, Karnataka, 2002-04

Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women reported abnormal vaginal discharge	7.3	7.6	6.6
Number of Women	22,655	15,327	7,329
Percentage of women sought treatment for vaginal discharge[1]	46.1	44.0	51.4
Number of Women	1,651	1,168	483
Percentage sought treatment at health facility[2]			
Government health facility[3]	41.6	50.1	24.0
Primary health centre	6.7	9.6	0.7
Sub centre	1.5	2.2	0.0
Private health facility[4]	57.0	49.9	71.7
ISM[5] facility	2.7	1.6	5.0
Home remedy	1.7	2.0	1.0
Other	0.8	1.0	0.6
Percent distribution of women who obtained treatment from[2]			
Doctor	91.1	88.1	97.1
ANM/nurse/midwife/LHV	6.0	8.3	1.3
Other health professionals[6]	1.8	2.2	0.8
Other	0.8	0.8	0.8
Total percentage	100.0	100.0	100.0
Number of women	762	513	248

Note: [1] Based on women who had reported having vaginal discharge. [2] Based on women who had sought treatment for vaginal discharge. [3] Includes Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre and out reach/ MCP clinic in village. [4] Includes private hospital/ clinic, non-governmental / trust hospital/clinic, chemist/ medical shop. [5] Either government or private hospital/clinic of Indian system of medicine, [6] Included *dai* (trained or untrained), relative or friends and chemist/ medical shop. Total included one woman with missing information on vaginal discharge.

Among the women who had reported symptoms of vaginal discharge, 46 per cent went for treatments, higher percentage (51 per cent) from urban areas compared to their rural counterparts (44 per cent). A considerable proportion (57 per cent) visited private health facilities. About 42 per cent went to a government health facility, including 7 per cent to the Primary Health Centre and 2 per cent to Sub Centre. About two per cent took home remedies and 1 per cent of the women visited other places for treatment. The proportion of women who visited a private health facility was higher in urban areas (72 per cent) than in rural areas (50 per cent), and the proportion of women who visited a facility rendering the Indian system of medicine, was higher in urban areas (5 per cent) than in rural areas (2 per cent). A significantly higher proportion (91 per cent) of women in the state of Karnataka obtained treatment from doctors for

their problems. Six per cent of the women were treated by ANM/Nurse/Midwife/LHV and 2 per cent by other health professionals.

8.3 Menstruation Related Problems

Table 8.8 has shown the percentage of women who had menstruation problems and who sought treatment during the three months preceding the survey. According to table, around 16 per cent of the women in Karnataka had menstruation problems, and the figures were 16 per cent and 14 per cent in the rural and urban areas respectively.

Table 8.8: MENSTRUATION RELATED PROBLEMS

Percentage of currently married women aged 15-44 who had any menstruation related problem during three months prior to survey and percentage who sought treatment and source of treatment according to residence, Karnataka, 2002-04

Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women with any menstruation related problem	15.5	16.3	14.0
Number of women	18,076	12,010	6,066
Symptoms[1]			
No period	7.1	7.5	6.2
Painful period	52.1	53.9	48.1
Frequent or short period	15.8	15.6	16.3
Delayed period	25.4	24.6	27.2
Prolonged bleeding	4.5	4.6	4.3
Excessive bleeding	16.8	16.9	16.3
Continuous bleeding	2.7	3.0	2.1
Scanty bleeding	11.4	10.9	12.5
Inter-menstrual bleeding	2.5	2.7	2.2
Percentage of women sought treatment who had any menstruation related problems	44.7	42.2	50.3
Number of women	2,810	1,958	852
Percentage sought treatment at health facility[6]			
Government health facility[2]	38.5	45.1	25.8
Primary health centre	8.8	11.8	2.9
Sub centre	1.6	2.4	0.0
Private health facility[3]	57.8	52.1	68.8
ISM[4] facility	5.4	4.3	6.7
Other	1.1	0.7	1.7
Percentage of women obtained treatment from[6]			
Doctor	93.8	91.8	97.6
ANM/nurse/midwife/LHV	6.1	8.2	2.1
Other health professionals[5]	0.6	0.7	0.6
Other	0.2	0.1	0.3
Number of women who are currently menstruating	1,256	827	428

Note: [1] Based on women who had reported any menstruation related problems.
[2] Included Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre and out reach/ MCP clinic in village. [3] Included private hospital/ clinic, non-governmental / trust hospital/clinic, chemist/ medical shop. [4] Either government or private hospital/clinic of Indian system of medicine, [6] Includes *dai* (trained or untrained), relative or friends and chemist/ medical shop. [6] Multiple responses.

Among the women who had reported menstrual problems in Karnataka, 52, 25, 17, and 16 per cent reported painful periods, delayed periods, excessive bleeding and frequent or short periods as symptoms respectively. The magnitude of these symptoms was more or less the same among urban as well as rural women. Painful periods and delayed periods were the main menstrual problems prevalent in Karnataka. Among the women who had menstrual problems, forty-five per cent sought treatment in the state, and the figures for urban and rural areas are 50 per cent and 42 per cent respectively. The private and government health facilities were the main sources of treatment for menstrual problems. Around 58 per cent of the women sought treatment at a private facility and 39 per cent at a government health facility. Five per cent of the women were received treatment at an ISM facility, which held true for both urban and rural areas. Most of the women went to a doctor for treatment (94 per cent). The figures for urban and rural areas were 98 and 92 per cent respectively.

8.4 Prevalence of RTIs/STIs by District

Table 8.9 has presented the prevalence of RTIs/STIs among currently married women and their husbands by districts. The reported symptom of RTIs/STIs among women was lowest in Chamarajnagar (3 per cent) and highest in Chitradurga (36 per cent). The problems related to abnormal vaginal discharge ranged from less than 1 per cent each in Dakshina Kannada and Chamarajnagar to 16 per cent in Koppal.

In comparison to women, fewer men from all districts of Karnataka except Haveri reported symptoms of RTIs/STIs. Men from Dakshina Kannada, Urban, Dharwad, Gadag, Davanagere, Shimoga and Kolar (less than 1 per cent) reported the lowest prevalence of symptoms of RTIs/STIs and men from Haveri (29 per cent) reported the highest prevalence.

The percentage of women who had sought treatment for RTIs (abnormal vaginal discharge) ranged from 3 per cent in Koppal to 74 per cent in Haveri, and for men who had sought treatment; it ranged from 0 per cent each in Bangalore Urban, Dakshina Kannada, Davanagere, Haveri and Shimoga to 100 per cent each in Bangalore Rural and Dharwad.

Table 8.9: REPRODUCTIVE HEALTH CARE INDICATORS BY DISTRICT

Percentage of currently married women and their husbands who reported reproductive health problems and percentage who sought treatment for the problems by district, Karnataka, 2002-04

District	Percentage of women			Percentage of men	
	With any symptoms of RTI/STI	Reported any abnormal vaginal discharge	Sought treatment for abnormal vaginal discharge	With any symptoms of RTI/STI	Sought treatment for RTI/STI problems
Bagalkot	17.0	4.4	40.7	10.2	4.5
Bangalore Urban	16.4	7.7	54.8	0.4	(0.0)
Bangalore Rural	19.6	7.5	48.5	1.0	(100.0)
Belgaum	25.3	9.3	40.0	6.8	61.4
Bellary	24.2	6.9	44.7	0.0	-
Bidar	28.4	6.3	43.5	6.7	38.6
Bijapur	23.4	3.1	(57.9)	2.6	(83.8)
Chamarajanagar	2.6	0.9	(48.3)	0.0	-
Chikmagalur	32.8	8.5	48.1	2.8	(68.4)
Chitradurga	36.0	2.6	(50.5)	0.0	-
Dakshina Kannada	5.3	0.8	(46.8)	0.2	(0.0)
Davanagere	10.7	3.4	68.0	0.6	(0.0)
Dharwad	24.4	4.9	57.6	0.5	(100.0)
Gadag	16.6	6.5	48.9	0.6	(90.3)
Gulbarga	31.3	9.2	41.4	6.0	49.4
Hassan	10.5	8.0	54.2	1.0	(43.8)
Haveri	7.1	3.5	74.2	28.9	0.0
Kodagu	17.9	6.3	61.4	2.1	(79.9)
Kolar	18.6	13.1	57.3	0.8	(72.9)
Koppal	23.6	15.9	3.3	3.6	(74.4)
Mandya	7.8	9.2	37.8	1.0	(81.5)
Mysore	17.7	4.6	23.5	0.0	-
Raichur	23.0	11.8	41.4	2.2	(59.0)
Shimoga	13.5	4.6	69.8	0.6	(0.0)
Tumkur	21.9	10.9	48.4	3.0	(38.6)
Udupi	5.6	1.1	(26.9)	0.0	-
Uttara Kannada	24.9	11.9	55.9	7.6	43.6
Karnataka	19.2	7.3	46.1	3.2	35.9

Note: ( ) Based on less number of cases. - Not Applicable.

8.5 HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is an illness caused by the Human Immune Virus (HIV), which weakens the immune system and leads to death through secondary infection such as tuberculosis or pneumonia. The virus is generally transmitted through sexual contact, through the placenta of HIV-infected women to their children, or through contact with contaminated needle (injections) or blood. Prevalence of HIV and AIDS has been on the rise for more than a decade in India and reached alarming proportions in recent years. To prevent HIV transmission, the government has been making various efforts.

DLHS-RCH collected information on the general state of awareness of HIV/AIDS, its transmission, its prevention and common misconceptions about HIV/AIDS. All the currently married women in the age group 15-44, and their husbands were first asked if they had ever heard of an illness called HIV/AIDS. Respondents who had heard of HIV/AIDS were further asked about their source of information, mode of transmission, and correct knowledge of HIV/AIDS transfusion.

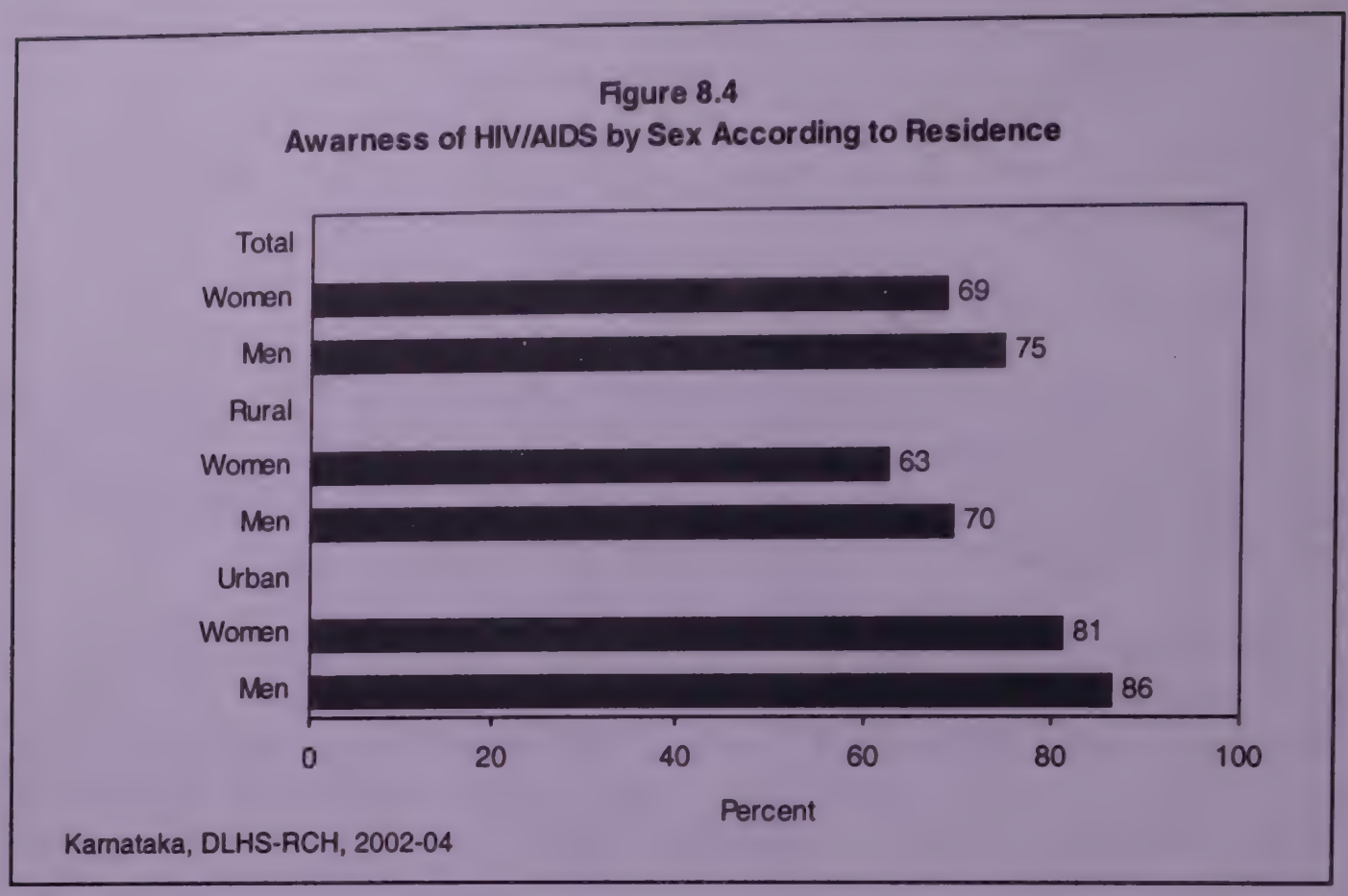
8.5.1 Knowledge of HIV/AIDS

Table 8.10 has shown the percentage of women who had heard about HIV/AIDS by some selected background characteristics. Sixty-nine per cent of currently married women in Karnataka had heard of HIV/AIDS, which was higher than RCH Round – I. In Round-I only 61 per cent of currently married women were aware of HIV/AIDS.

Knowledge of HIV/AIDS was lower among rural women, non-literate women, Muslim women, women from scheduled tribes, women from households with a low standard of living, and younger women. Eighty-one per cent of the urban women had heard about HIV/AIDS compared to 63 per cent of rural women. Knowledge of HIV/AIDS steadily increased with increase in educational levels and household standard of living. A little more than half of non-literate women (52 per cent) had heard of HIV/AIDS against 93 per cent of the women who had completed 10 or more years of schooling. Similarly, a little more than two-quarter of the women (55 per cent) with a low standard of living had heard of HIV/AIDS as against 88 per cent of the women with a high standard of living. Except younger women (below the age of 20) more than 50 per cent of the women from other age groups had knowledge of HIV/AIDS. Muslim women (64 per cent) were less aware of HIV/AIDS compared to women from Hindu (69 per cent), Christian (82 per cent) and Jain religions (89 per cent). Women from 'other caste' categories were more knowledgeable about HIV/AIDS (76 per cent) than women belonging to other backward classes (71 per cent), scheduled-caste (59 per cent) and scheduled tribe women (57 per cent).

The government has been using mass media, such as television, radio, and newspaper extensively to increase awareness among the general public about HIV/AIDS and its prevention. Table 8.10 has shown the percentage of currently married women who were aware of HIV/AIDS from different sources. The most prominent source of information about HIV/AIDS was relatives or friends. About 71 per cent of the women reported that relatives or friends was their source of information about HIV/AIDS, followed by television (61 per cent), radio (26 per cent), newspapers, books or magazines (22 per cent), and slogans or pamphlets, posters or wall hoardings (13 per cent). Eleven per cent of the women reported that a doctor had informed them about HIV/AIDS and 10 per cent of the women had received information of HIV/AIDS from a health worker. A comparatively high proportion of urban women received information about HIV/AIDS from radio, television, doctor, and relatives or friends.

Table 8.11 has shown the percentage of husbands of currently married women who had heard about HIV/AIDS. In Karnataka, the proportion of men who had heard of HIV/AIDS was much higher than that of women. Seventy-five per cent of the men had heard of HIV/AIDS as compared to 69 per cent of the women (Figure 8.4).



About eighty-six per cent of urban men had heard about HIV/AIDS as compared to 70 per cent of rural men. Knowledge of HIV/AIDS varied by men's age, and it was higher for the age group, 25-34 years. Awareness of HIV/AIDS was much lower among non-literate men, Hindu men, men from scheduled tribes, and men who belonged to households with a low standard of living. Except Muslim women, a similar trend was observed in the case of women. About 55 per cent of the non-literate men had heard of HIV/AIDS, and it had increased up to 79 per cent for literate men and up to 93 per cent of men who had completed 10 or more years of schooling. Thus, it was positively related to standard of living.

Table 8.11 has gives the percentage of husbands of currently married women who were aware of HIV/AIDS by different sources. As reported by the men of Karnataka, the most prominent source of information of HIV/AIDS were relatives or friends and televisions (62 per cent each) followed by radio (41 per cent) newspapers, books or magazines (40 per cent). Other important sources of HIV/AIDS were the slogans or pamphlets, posters or wall hoardings (20 per cent). Sixteen per cent of the men reported that a doctor had informed them about HIV/AIDS and 6 per cent of the men had received information of HIV/AIDS from a health worker.

Table 8.10: SOURCE OF KNOWLEDGE ABOUT HIV/AIDS AMONG WOMEN

Percentage of currently married women aged 15 - 44 who have heard about HIV/AIDS and among women who have heard about HIV/AIDS, percentage who received information from specific sources by selected background characteristics, Karnataka, 2002-04.

Background characteristics	Percentage who have heard about HIV/AIDS	Number of Women	Among those who have heard about HIV/AIDS, percentage who received information from										Number of women who have heard about HIV/AIDS
			Radio	Televi-sion	Newspaper / Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Commun ity Meeting	Relative/ Friends	Others	
Age group (years)													
15-19	58.6	2,261	24.8	48.5	15.3	8.4	8.3	7.4	5.5	6.5	74.8	2.5	1,324
20-24	68.3	4,690	23.7	60.3	20.4	12.1	10.2	9.3	5.1	7.2	71.8	1.8	3,203
25-29	72.0	4,905	27.1	63.8	23.6	14.5	12.1	9.6	4.3	7.8	67.5	2.5	3,532
30-34	70.3	4,347	28.8	62.5	24.5	14.4	12.0	10.1	4.9	9.2	69.3	1.9	3,055
35-39	69.8	3,633	27.6	61.8	22.9	13.7	11.6	9.9	5.1	9.3	71.7	1.9	2,534
40-44	67.8	2,819	25.7	61.5	21.8	14.2	10.7	9.5	5.7	10.0	72.8	2.2	1,911
Residence													
Rural	62.6	15,327	24.9	47.3	12.9	8.4	9.4	10.0	4.6	9.4	76.9	2.1	9,602
Urban	81.3	7,329	29.0	82.9	36.9	21.2	13.9	8.6	5.6	6.7	60.7	2.1	5,958
Education													
Non-literate	51.7	10,352	15.1	32.4	1.8	2.3	4.3	5.2	1.5	7.1	82.9	2.1	5,357
0-9 years@	75.6	7,179	28.0	65.0	16.7	12.8	10.2	9.7	4.0	7.4	69.7	2.0	5,428
10 Years & above	93.2	5,119	37.4	88.2	51.0	26.3	19.7	14.0	9.9	10.9	58.0	2.2	4,773
Religion													
Hindu	68.9	19,189	26.8	59.4	21.9	13.4	11.0	9.7	5.2	8.7	71.6	2.1	13,225
Muslim	63.9	2,879	20.8	66.1	18.1	9.4	9.9	7.0	2.9	6.0	67.3	2.2	1,840
Christian	81.9	390	40.4	84.2	46.9	31.3	19.4	15.2	8.7	9.5	58.0	1.9	319
Jain	88.7	181	33.6	79.4	31.2	15.1	12.8	5.4	2.9	2.9	58.4	1.4	165
Caste/tribe#													
Scheduled caste	58.7	4,038	19.0	48.4	12.9	8.4	7.6	7.6	3.6	6.9	74.7	1.9	2,369
Scheduled tribe	57.2	1,788	21.1	47.4	11.8	11.3	10.1	8.2	4.4	8.1	76.2	2.4	1,023
Other backward class	70.6	11,203	27.9	60.5	22.3	12.4	9.0	8.6	4.7	7.5	69.6	1.9	7,906
Other	76.4	5,459	29.5	71.7	29.4	18.4	17.0	12.6	6.5	11.0	69.6	2.5	4,173
Standard of living index													
Low	54.5	9,289	19.7	28.2	5.9	4.8	6.1	8.1	3.0	9.0	82.0	2.1	5,062
Medium	72.3	7,980	25.5	66.3	17.5	10.9	10.0	8.5	4.2	7.1	71.6	2.1	5,768
High	87.8	5,386	34.8	89.3	44.9	25.4	17.8	12.2	8.0	9.1	57.5	2.2	4,730
Total	68.7	22,655	26.4	60.9	22.1	13.3	11.1	9.5	5.0	8.4	70.7	2.1	15,559

Note: Total included 4 women with missing information on education, 1 on religion who were not shown separately.
Total includes 15 women in other religion who were not shown separately
Total figure may not add to N due to `do not know' and `missing cases'.
@ Literate women with no years of schooling were also included.

Table 8.11: SOURCE OF KNOWLEDGE ABOUT HIV/AIDS AMONG MEN

Percentage of husbands of currently married women who have heard about RTI/STI and among men who have heard about RTI/STI, percentage who received information from specific sources by selected background characteristics, Karnataka, 2002-04.

Background Characteristics	Percentage who have heard about HIV/AIDS	Number of men	Among those who have heard about HIV/AIDS, percentage who received information from										Number of men who have heard about HIV/AIDS
			Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others	
Age group (years)													
< 25	74.9	618	35.2	49.9	28.2	16.3	13.8	6.6	1.1	5.2	64.0	5.2	463
25-34	79.1	4,477	41.3	64.5	41.7	20.2	15.0	5.8	2.5	5.5	63.7	4.2	3,543
35-44	74.5	5,418	41.2	61.4	40.3	20.8	15.7	5.8	3.2	6.6	62.4	3.6	4,036
45+	69.4	3,390	39.3	61.8	40.8	19.7	17.5	6.6	3.5	7.3	59.4	3.9	2,352
Residence													
Rural	69.5	9,548	35.1	50.0	28.4	13.5	13.7	5.3	2.4	6.1	63.4	4.9	6,632
Urban	86.4	4,355	50.2	83.3	61.4	31.9	19.5	7.3	3.9	6.7	60.2	2.2	3,762
Education													
Non-literate	54.6	4,791	22.6	38.4	12.6	5.8	9.9	3.1	2.0	6.3	66.6	4.4	2,614
0-9 years@	78.7	4,780	38.1	58.5	33.9	14.7	10.7	4.4	1.5	4.9	65.7	4.0	3,760
10 Years & above	92.8	4,332	54.4	80.8	64.4	34.6	24.4	9.5	4.9	7.6	56.1	3.5	4,020
Religion													
Hindu	74.2	11,846	40.6	61.1	40.0	19.9	15.6	6.2	2.9	6.3	62.4	4.1	8,785
Muslim	76.8	1,667	37.0	64.7	37.1	17.5	14.0	4.8	3.0	6.6	60.3	2.8	1,280
Christian	82.8	247	61.3	78.2	62.8	39.9	26.5	8.7	6.9	7.8	61.9	1.9	205
Jain	87.3	137	40.5	72.6	59.8	32.5	27.1	3.8	0.0	1.4	70.5	5.2	119
Caste/tribe#													
Scheduled caste	67.2	2,462	35.9	56.3	35.1	14.1	11.9	5.4	2.6	6.7	64.0	3.2	1,653
Scheduled tribe	66.1	1,100	29.7	51.6	30.0	11.4	11.8	4.1	2.2	6.6	64.3	4.6	728
Other backward class	76.0	6,873	40.2	60.1	39.2	19.7	14.1	6.0	3.1	5.8	64.6	4.8	5,224
Other	80.7	3,380	46.9	71.7	48.3	27.1	22.5	6.9	3.1	7.1	56.2	2.6	2,728
Standard of living index													
Low	63.7	5,790	27.2	39.5	20.2	8.8	10.4	4.3	2.0	5.2	66.9	5.4	3,686
Medium	77.5	4,902	42.1	66.6	40.8	18.4	14.7	5.3	2.6	6.9	61.0	3.7	3,798
High	90.6	3,211	55.3	84.7	65.3	36.8	24.0	9.2	4.7	6.9	57.8	2.4	2,910
Total	74.8	13,904	40.5	62.1	40.3	20.2	15.8	6.0	2.9	6.3	62.2	3.9	10,394

Note: Total included 1 man with missing information on education who was not shown separately.
Total included 6 men in other religion who were not shown separately
Total figure might not add to N due to `do not know' and `missing cases'.
@ Literate men with no year of schooling were also included.

About 6 per cent of the respondents reported that they were informed through community meetings and 3 per cent received such information from a school teacher. Comparatively, a higher proportion of urban men received information about HIV/AIDS from radio, doctor, health worker, school teacher and relative or friends than rural men. The information on awareness of HIV/AIDS through mass media, such as television and newspapers, and books or magazines, was received more by younger men (aged 25-34 years), urban men, and men from Christian and 'other castes' category, with at least 10 years of schooling, and men from households with a high standard of living. On the other hand, relative or friends were the main source of information for rural men, younger men below age 25, non-literate men, Hindu men, men from a other backward class men and men from households with a low standard of living.

8.5.2 Knowledge of Mode of Transmission about HIV/AIDS

Women who were aware of HIV/AIDS were asked about the mode of transmission and this has been presented in Table 8.12. Among women who reported awareness of HIV/AIDS, 27 per cent of them did not know about the mode of transmission.

This proportion was relatively higher among rural women, younger women, non-literate women, Muslim women, women from scheduled castes and women with a low standard of living. Thirty-two per cent of the rural women did not know about the mode of transmission of HIV/AIDS compared to 17 per cent of the urban women.

Among women who reported different ways of transmission of HIV/AIDS, a large proportion (65 per cent) mentioned heterosexual intercourse as a mode of transmission. All the socio-economic groups reported that heterosexual intercourse was the main mode of transmission of HIV/AIDS. Other modes reported by women were transmission through needle or blade or skin puncture (46 per cent), transfusion of infected blood (35 per cent), mother to child, if pregnancy occurred during a stage of HIV (15 per cent); About 13 per cent of the women mentioned that homosexual intercourse could also be a mode of transmission. Only three per cent stated that there were other ways of transmission of HIV/AIDS.

Table 8.12: SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV/AIDS AMONG WOMEN

Percentage currently married women aged 15-44 who have heard of HIV/AIDS, knowledge of mode of transmission by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage by knowledge of mode of transmission							Number of women who have heard of HIV/AIDS
	Homo sexual intercourse	Hetero sexual intercourse	Needles/ blade/ skin puncture	Mother to child	Transfusion of infected blood	Other	Do not know	
Age								
15-19	13.1	54.7	31.2	10.8	24.5	3.0	35.2	1,324
20-24	13.9	63.3	43.5	13.2	33.4	2.6	27.3	3,203
25-29	12.7	68.1	48.3	15.7	36.3	2.2	23.7	3,532
30-34	14.7	66.7	48.1	15.6	35.6	2.4	25.1	3,055
35-39	14.1	63.4	46.8	14.9	36.7	2.9	27.7	2,534
40-44	10.5	65.0	48.0	16.6	35.7	2.2	25.6	1,911
Residence								
Rural	12.3	58.5	36.9	11.8	26.1	2.4	32.4	9,602
Urban	14.9	74.3	59.5	19.4	48.3	2.6	17.2	5,958
Education								
Non-literate	9.0	45.9	22.7	6.3	14.4	1.4	45.3	5,357
0-9 years@	12.5	66.0	45.8	12.4	32.6	2.4	25.4	5,428
10 years & above	19.2	83.8	70.8	26.8	59.5	3.8	6.9	4,773
Religion								
Hindu	13.8	64.5	45.0	14.6	34.8	2.5	26.5	13,225
Muslim	10.3	61.8	44.2	12.8	27.9	2.0	30.0	1,840
Christian	12.3	83.2	72.0	22.8	57.8	1.6	10.1	319
Jain	10.8	63.1	49.5	25.8	45.4	6.3	24.8	165
Caste/tribe$								
Scheduled caste	8.8	57.4	32.7	9.8	24.1	1.6	35.5	2,369
Scheduled tribe	11.9	56.7	39.6	9.8	30.5	1.7	33.8	1,023
Other backward class	13.7	64.4	42.7	11.9	32.0	2.5	26.9	7,906
Other	15.4	70.9	59.5	23.8	46.2	3.2	19.0	4,173
Standard of living index								
Low	10.1	49.0	26.3	7.6	18.0	1.8	41.8	5,062
Medium	12.7	65.2	45.1	13.6	32.3	2.3	25.9	5,768
High	17.5	80.3	66.7	23.7	55.1	3.5	11.1	4,730
Total	13.3	64.6	45.5	14.7	34.6	2.5	26.6	15,559

Note: Total included 2 women with missing information on education, 1 on religion who was not shown separately.
Total included 9 women from other religion who were not shown separately. # Total figure might not add to N due to `do not know' and `missing cases'. @ Literate women with no year of schooling were also included.

Table 8.13 has presented the knowledge about mode of transmission of HIV/AIDS among men. Eleven per cent of the men who had heard about HIV/AIDS mentioned that they did not know the mode of transmission. The percentage of men not knowing the mode of transmission was higher among younger men, rural men, non-literate men, Hindu men and men from scheduled-tribes, and men from households with a low standard of living. Eight-three per cent of them mentioned heterosexual intercourse as a mode of transmission. All the groups reported that heterosexual intercourse was the main mode of transmission of HIV/AIDS. Other modes reported by men are transmission through needle or blade or skin puncture (56 per cent), transfusion of infected blood (35 per cent), a mother to child, if pregnancy occurred during a stage of HIV (20 per cent), and only 8 per cent of men mentioned that homosexual intercourse could also be a mode of transmission of HIV/AIDS. Seven per cent stated that there were other ways of transmission of HIV/AIDS.

Table 8.13: SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV/AIDS AMONG MEN

Percentage of husbands of currently married women who have heard of HIV/AIDS, knowledge of mode of transmission by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage by knowledge of mode of transmission							Number of men who have heard of HIV/AIDS
	Homosexual intercourse	Heterosexual intercourse	Needles/ blade/ skin puncture	Mother to child	Transfusion of infected blood	Other	Do not know	
Age								
<25	6.4	76.5	42.4	13.4	24.2	7.9	17.0	463
25-34	6.8	84.8	58.7	19.9	37.0	6.7	9.4	3,543
35-44	8.0	81.5	56.1	20.2	34.5	6.8	11.8	4,036
45+	8.2	82.2	56.3	20.7	34.4	6.5	11.6	2,352
Residence								
Rural	7.9	78.9	49.5	17.3	27.7	7.2	14.0	6,632
Urban	7.0	89.1	68.6	24.5	47.5	5.9	6.2	3,762
Education								
Non-literate	7.4	68.6	37.0	17.3	19.3	5.4	22.6	2,614
0-9 years@	7.0	82.2	51.0	14.6	27.8	6.2	11.3	3,760
10 years & above	8.2	92.0	74.1	26.6	51.6	8.1	3.6	4,020
Religion								
Hindu	7.8	82.3	55.9	20.0	35.1	6.8	11.5	8,785
Muslim	6.6	81.9	56.6	19.0	30.6	5.9	10.6	1,280
Christian	6.4	89.6	70.3	23.3	50.3	4.5	7.1	205
Jain	4.3	94.1	69.5	18.1	35.3	13.7	1.0	119
Caste/tribe#								
Scheduled caste	7.4	79.1	49.7	21.3	34.3	6.6	14.4	1,653
Scheduled tribe	8.0	78.4	49.2	19.3	31.0	6.1	14.8	728
Other backward class	6.1	83.6	54.1	15.4	33.1	7.0	11.6	5,224
Other	10.2	84.0	66.7	27.9	40.1	6.3	7.5	2,728
Standard of living index								
Low	7.5	74.0	39.8	15.7	21.5	7.1	18.5	3,686
Medium	6.8	83.7	58.8	19.5	35.1	6.7	9.2	3,798
High	8.6	91.9	74.3	25.7	51.6	6.2	4.3	2,910
Total	7.6	82.6	56.4	19.9	34.9	6.7	11.2	10,394

Note: Total included 5 men in other religion who were not shown separately.

Total figure might not add to N due to `do not know' and `missing cases'.

@ Literate men with no year of schooling were also included.

8.5.3 How to Avoid HIV/AIDS

All the respondents, male and female, were asked about how to prevent HIV/AIDS. The percentage of women who said that HIV/AIDS could be avoided by various ways has been presented in Table 8.14 by some selected background characteristics.

Among women who reported about awareness of HIV/AIDS, about 35 per cent of them did not know how to avoid becoming infected by HIV/AIDS. This percentage was higher among rural women than among urban women. The percentage of women who did not know of any way to avoid infection decreases with increasing levels of education and household standard of living. Fifty-three per cent of the non-literate women reported that they did not know of any way to avoid infection as compared to 13 per cent of women who had completed ten or more years of schooling. Similarly, 49 per cent of the women with low standard of living stated that they did not know of any way to avoid infection as compared to 19 per cent of women with a high standard of living. The percentage of women who did not know ways to avoid infection was also high among Muslim women, scheduled-caste women and younger women.

Among women who mentioned ways to avoid HIV/AIDS, a higher proportion of women (61 per cent) said that "sex with only one partner is the way to avoid it". Other ways to prevent HIV/AIDS mentioned by women were 'sterilizing needles and syringe before injecting'(41 per cent), 'checking blood prior to transfusion' (33 per cent), 'using a condom correctly during each sexual intercourse' (16 per cent), and 10 per cent of the women reported that pregnancy should be avoided if couples were infected by HIV/AIDS. All the specific ways to avoid becoming infected by HIV/AIDS reported by women were proportionally higher in urban areas, among Christian women, women who belong to 'other castes' category, women with a high level of education and women with a high standard of living.

Table 8.15 has shown the percentage of men who reported that HIV/AIDS could be avoided by some selected background characteristics. Among men who were aware of HIV/AIDS, 12 per cent of them did not know of any method to avoid infection, compared to 35 per cent of the women in the state.

In Karnataka, a higher proportion of men reported that 'sex with only one partner' is the way to avoid HIV/AIDS, a majority of men (83 per cent) also reported the same, and this was the most commonly reported way to avoid HIV/AIDS in all the groups.

Table 8.14: KNOWLEDGE ABOUT AVOIDANCE OF HIV/AIDS AMONG WOMEN

Among currently married women aged 15-44 who have heard about HIV/AIDS, the percentage of women reported HIV/AIDS can be avoided in specific ways by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage reported HIV/AIDS can be avoided by: Sex With Only one partner	Using condoms correctly during each sexual intercourse	Checking blood prior to transfusion	Sterilizing needles and syringes for injection	Avoiding pregnancy when having HIV/AIDS	Other	Do not know To avoid HIV/AIDS	Number of women
Age								
15-19	51.0	9.8	22.7	27.5	6.7	2.0	43.4	1,324
20-24	59.6	14.6	31.9	38.5	9.4	2.6	35.4	3,203
25-29	63.1	18.9	34.8	42.7	10.6	2.7	31.4	3,532
30-34	63.3	17.4	34.8	42.9	11.1	2.3	33.7	3,055
35-39	62.3	15.0	32.9	42.9	11.7	2.8	34.5	2,534
40-44	61.7	16.0	36.3	43.0	11.7	2.2	34.4	1,911
Residence								
Rural	55.5	12.0	24.9	33.4	8.2	2.6	40.0	9,602
Urban	70.1	22.3	46.2	52.3	14.1	2.4	25.8	5,958
Education								
Non-literate	44.0	4.6	13.3	20.4	4.1	1.7	52.7	5,357
0-9 years@	59.9	12.2	31.9	39.8	8.7	2.1	35.8	5,428
10 years & above	81.6	33.0	56.6	64.4	19.5	3.9	12.8	4,773
Religion								
Hindu	61.2	16.1	33.0	40.4	10.4	2.5	34.5	13,225
Muslim	57.2	12.2	28.1	36.6	7.9	1.8	38.3	1,840
Christian	76.9	29.5	55.4	68.8	21.1	4.7	17.4	319
Other	61.5	22.0	47.4	52.0	19.6	7.9	30.0	165
Caste/tribe$								
Scheduled caste	49.7	9.3	22.4	28.2	7.5	2.6	44.9	2,369
Scheduled tribe	54.8	9.3	27.2	34.1	8.6	2.1	42.0	1,023
Other backward class	59.0	15.8	30.0	37.4	8.3	2.2	36.6	7,906
Other	73.1	21.6	46.2	55.4	16.6	3.1	22.9	4,173
Standard of living index								
Low	47.4	6.8	16.5	23.5	5.4	1.9	48.7	5,062
Medium	60.5	13.1	31.2	40.4	9.5	2.5	34.8	5,768
High	76.5	29.2	53.0	59.3	17.0	3.1	19.1	4,730
Total	61.1	16.0	33.1	40.7	10.4	2.5	34.6	15,559

Note: Total included 2 women with missing information on education, 1 on religion who was not shown separately.
Total included 9 women in other religion who were not shown separately.
Total figure might not add to N due to `do not know' and `missing cases'.
@ Literate women with no year of schooling were also included.

Other ways to prevent by HIV/AIDS mentioned by men were 'sterilizing needles and syringe before injecting' (48 per cent), 'checking blood prior to transfusion' (35 per cent) and 'using a condom correctly during each sexual intercourse' (30 per cent). All the specific ways to avoid becoming infected by HIV/AIDS reported by men were proportionally higher in urban areas than in rural areas, and among men who belonged to 'other caste' category, men with a high level of education and men with a high standard of living. Christian men were more likely to report using a condom correctly during each sexual intercourse.

Table 8.15: KNOWLEDGE ABOUT AVOIDANCE OF HIV/AIDS AMONG MEN

Among husbands of currently married women who have heard about HIV/AIDS, the percentage of men reported HIV/AIDS can be avoided in specific ways by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage reported HIV/AIDS can be avoided by: Sex with only one partner	Using condoms correctly during each sexual intercourse	Checking blood prior to transfusion	Sterilizing needles and syringes for injection	Avoiding pregnancy when having HIV/AIDS	Other	Do not know to avoid HIV/AIDS	Number of men
Age								
<25	77.1	21.0	21.9	34.5	5.5	8.0	16.6	463
25-34	84.3	31.1	36.5	49.4	8.2	8.2	10.3	3,543
35-44	82.9	30.0	35.8	46.9	10.3	8.8	12.0	4,036
45+	81.2	30.8	34.6	48.4	10.6	8.7	13.0	2,352
Residence								
Rural	79.2	22.6	25.8	42.8	8.1	9.3	15.1	6,632
Urban	89.0	43.5	51.7	55.9	11.7	7.2	6.1	3,762
Education								
Non-literate	69.6	18.1	19.0	28.6	7.6	7.6	24.5	2,614
0-9 years@	81.5	22.9	27.2	40.8	6.5	8.3	12.9	3,760
10 years & above	92.4	44.8	53.0	66.1	13.4	9.4	2.8	4,020
Religion								
Hindu	82.4	29.3	34.7	47.4	9.6	8.5	12.3	8,785
Muslim	82.7	32.8	32.9	45.1	8.3	8.3	10.8	1,280
Christian	88.7	46.6	55.3	55.7	8.3	8.0	7.4	205
Jain	97.3	37.1	52.1	64.7	7.1	14.6	1.1	119
Caste/tribe#								
Scheduled caste	79.2	27.8	30.6	42.3	9.7	8.8	15.5	1,653
Scheduled tribe	78.2	20.9	25.6	41.2	7.9	7.9	16.0	728
Other backward class	82.6	28.0	33.9	44.6	8.0	9.5	12.3	5,224
Other	86.3	38.5	43.0	57.9	12.6	7.0	7.9	2,728
Standard of living index								
Low	73.7	16.7	19.1	33.1	6.6	9.4	20.5	3,686
Medium	84.6	30.0	34.1	49.4	9.4	8.3	10.2	3,798
High	91.8	47.4	56.9	63.4	13.0	7.8	3.2	2,910
Total	82.7	30.2	35.1	47.5	9.4	8.5	11.9	10,394

Note: Total included 5 men in other religion who were not shown separately.
Total figure might not add to N due to `do not know' and `missing cases'.
@ Literate men with no year of schooling were also included.

8.5.4 Misconception about HIV/AIDS

People generally have misconceptions about the ways of transmission of HIV/AIDS, such as shaking hands with a person having AIDS', hugging and kissing with them, sharing their clothes or sharing eating utensils, stepping on urine/stool, through insect bites, for example, being bitten by mosquitoes, fleas and bedbugs. All these questions were posed to the respondents who had heard of HIV/AIDS.

Table 8.16 has shown the percentage of women with misconceptions about spreading HIV/AIDS through specific ways by selected background characteristics. Being bitten by mosquitoes, fleas or bedbugs was commonly reported as the way of getting HIV/AIDS infection

by women in all the groups, and this percentage was higher among rural areas (33 per cent) than in urban areas (29 per cent). Women who had completed nine years of schooling, women from households with a medium standard of living, Hindu women, and women from scheduled caste and other backward classes mentioned this method of transmission more often. Other misconceptions about the spreading of HIV/AIDS were 'stepping on urine/stool' (23 per cent), 'kissing', 'sharing eating utensils' (21 per cent each), 'sharing clothes' (20 per cent 'hugging' (18 per cent), and 'shaking hands' (17 per cent). The percentage of all these misconceptions was also higher among women who belonged to scheduled castes, scheduled tribes, among Hindu women, non-literate women and women with a low standard of living.

Table 8.16: MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDS AMONG WOMEN

Among currently married women aged 15-44 who have heard about HIV/AIDS, the percentage of women having misconception about the transmission of HIV/AIDS by selected background characteristics, Karnataka, 2002-04

Background characteristics	Percentage having misconception about the transmission of HIV/AIDS							Number of women
	Shaking hands	Hugging	Kissing	Sharing clothes	Sharing eating utensils	Stepping on Urine / stool	Mosquito , flea, or bedbugs biting	
Residence								
Rural	19.9	20.9	23.4	22.8	23.8	25.5	33.1	9,602
Urban	13.4	14.0	16.2	14.2	15.3	18.9	29.4	5,958
Education								
Non-literate	22.0	23.3	25.0	24.7	25.8	26.6	31.7	5,357
0-9 years@	18.2	19.1	21.8	20.7	21.6	24.8	33.3	5,428
10 years & above	11.4	11.7	14.4	12.4	13.4	16.8	29.8	4,773
Religion								
Hindu	18.2	19.0	21.4	20.4	21.4	23.7	32.5	13,225
Muslim	13.4	14.1	16.8	14.7	15.6	17.9	26.4	1,840
Christian	8.8	11.8	13.0	12.2	13.6	19.7	29.7	319
Jain	18.0	18.0	17.3	16.7	17.6	21.7	26.0	165
Caste/tribe#								
Scheduled caste	21.3	22.3	24.3	24.0	24.9	27.1	33.9	2,369
Scheduled tribe	20.0	21.3	22.0	21.8	22.8	25.5	32.2	1,023
Other backward class	19.3	19.9	22.7	21.0	22.1	24.8	33.9	7,906
Other	11.0	12.2	14.4	13.8	14.7	16.6	26.3	4,173
Standard of living index								
Low	22.4	23.5	25.6	25.2	26.3	27.0	32.7	5,062
Medium	18.1	18.6	21.1	20.0	21.0	24.1	33.7	5,768
High	11.2	12.2	14.7	12.9	13.8	17.2	28.2	4,730
Total	17.4	18.3	20.6	19.5	20.5	23.0	31.7	15,559

Note: Total included 2 women with missing information on education and 1 on religion who were not shown separately.
Total included 9 women from other religion who were not shown separately.
Total figure might not add to N due to `do not know' and `missing cases'.
@ Literate women with no year of schooling were also included.

Table 8.17 has presented the percentage of men with misconceptions about the spreading of HIV/AIDS through specific ways by selected background characteristics. Again, just like women, men in all the groups reported that HIV/AIDS was transmitted through insect bites, mosquitoes, through fleas or bedbugs. Forty-six per cent of the men in Karnataka felt so. The percentage who reported that HIV/AIDS could be transmitted through the biting by mosquitoes or flees or bedbugs was much higher among rural men (50 per cent) than among urban men (39

per cent). Literate men who had completed nine years of schooling, men from households with a low standard of living, Muslim men, and scheduled tribe men were of the impression that HIV/AIDS spreads when one was bitten by mosquitoes, fleas or bedbugs. Other misconceptions about the spread of HIV/AIDS were 'kissing', 'sharing eating utensils' and 'stepping on urine/stool' (28 per cent each), 'sharing clothes' (23 per cent), 'hugging' (19 per cent), and 'shaking hands' (18 per cent). All the misconceptions reported by men were relatively higher than those reported by women. The percentage of all these misconceptions was also higher among men who belonged to scheduled-tribe or caste, Hindu men, non-literate men and men with a low standard of living.

Table 8.17: MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDS AMONG MEN

Among husbands of currently married women who have heard about HIV/AIDS, the percentage of men having misconception about the transmission of HIV/AIDS by selected background characteristics, Karnataka, 2002-04

Background characteristic	Percentage having misconception about the transmission of HIV/AIDS							Number of men
	Shaking hands	Hugging	Kissing	Sharing clothes	Sharing eating utensils	Stepping on Urine / stool	Mosquito , flea, or bedbugs biting	
Residence								
Rural	22.4	23.9	34.4	28.1	33.4	31.5	49.9	6,632
Urban	8.8	10.0	17.6	13.1	17.3	20.4	38.5	3,762
Education								
Non-literate	25.2	27.1	36.4	31.0	35.8	32.8	45.8	2,614
0-9 years@	20.3	21.8	31.9	25.9	31.4	30.9	52.8	3,760
10 years & above	9.8	10.8	19.7	14.2	18.6	20.8	39.2	4,020
Religion								
Hindu	18.0	19.3	28.7	23.1	28.1	27.7	46.1	8,785
Muslim	14.6	16.7	27.1	21.2	26.3	28.0	46.2	1,280
Christian	15.5	16.6	25.4	19.0	17.3	18.4	32.8	205
Jain	10.6	13.6	19.8	15.9	23.0	20.6	42.9	119
Caste/tribe#								
Scheduled caste	24.1	25.3	35.8	30.1	34.6	34.7	48.7	1,653
Scheduled tribe	20.7	22.2	32.7	24.8	31.3	29.3	49.5	728
Other backward class	19.0	20.3	28.4	24.3	29.2	30.5	48.5	5,224
Other	9.7	11.3	22.1	14.3	19.1	16.7	38.0	2,728
Standard of living index								
Low	26.3	28.0	38.5	32.5	37.7	34.6	50.7	3,686
Medium	16.3	18.0	27.4	21.8	26.9	28.4	48.3	3,798
High	7.6	8.4	16.5	11.4	15.7	17.2	36.3	2,910
Total	17.5	18.9	28.3	22.7	27.6	27.5	45.8	10,394

Note: Total included 5 men in other religion who were not shown separately.
Total figure may not add to N due to `do not know' and `missing cases'.
@ Literate men with no year of schooling were also included.

8.5.5 Knowledge of Curability of HIV/AIDS

Table 8.18 has shown the percentage distribution of currently married women and their husbands who had heard about HIV/AIDS by knowledge of curability of the same, according to some selected background characteristics. It was just 7 per cent of the women and 9 per cent of men who had the notion that HIV/AIDS was curable, whereas 71 per cent women and 80 per cent men replied that the disease is not curable. Twenty-two per cent of the women and 10 per cent of the men did not have any idea regarding the curability of the disease. It could be safely asserted

from the figures that both men and women of urban areas having high level of education, belonging to Hindu and Jain religions, scheduled tribe and 'other caste' categories and from households of low and medium standard of living were showing better performance as far as the knowledge of curability of HIV/AIDS was concerned.

Table 8.18: KNOWLEDGE OF CURABILITY ABOUT HIV/AIDS

Among currently married women and their husbands, who have heard about HIV/AIDS, Percent distribution of respondents by knowledge of curability about HIV/AIDS, according to some selected background characteristics, Karnataka, 2002-04

Background characteristic	Per cent distribution of women			Number of women	Per cent distribution of men			Number of men
	Yes	No	Do not know		Yes	No	Do not know	
Residence								
Rural	5.9	69.7	24.4	9,602	11.0	76.1	12.9	6,632
Urban	7.4	73.8	18.8	5,958	6.2	88.1	5.7	3,762
Education								
Non-literate	5.1	61.8	33.1	5,357	11.7	69.1	19.3	2,614
0-9 years@	6.7	71.4	21.9	5,428	8.6	80.2	11.3	3,760
10 years & above	7.8	81.6	10.6	4,773	8.4	88.1	3.5	4,020
Religion								
Hindu	6.4	71.6	22.0	13,225	9.4	79.9	10.7	8,785
Muslim	7.4	66.2	26.4	1,840	9.0	82.7	8.2	1,280
Christian	4.5	85.1	10.5	319	7.9	84.2	7.9	205
Jain	9.0	71.4	19.6	165	6.3	89.3	4.5	119
Caste/tribe$								
Scheduled caste	6.1	66.3	27.6	2,369	9.5	78.8	11.6	1,653
Scheduled tribe	4.8	68.3	26.9	1,023	9.7	74.7	15.7	728
Other backward class	6.6	70.0	23.3	7,906	9.0	80.7	10.3	5,224
Other	6.9	77.0	16.2	4,173	9.5	82.7	7.8	2,728
Standard of living index								
Low	5.2	65.1	29.6	5,062	11.8	71.5	16.7	3,686
Medium	7.3	70.2	22.5	5,768	9.3	81.7	9.0	3,798
High	6.8	79.0	14.2	4,730	6.2	90.1	3.8	2,910
Total	6.5	71.2	22.3	15,559	9.3	80.4	10.3	10,394

Note: Total included 2 women with missing information on education, 1 on religion who were not shown separately.
Total included 9 women and 5 men from other religion who were not shown separately.
Total figure might not add to N due to `do not know' and `missing cases'.
@ Literate persons with no year of schooling were also included.

8.6 Awareness of RTI/STI and HIV/AIDS by Districts

Table 8.19 has shown the percentage distribution of currently married women and their husbands who were aware of RTI/STI and HIV/AIDS by districts.

According to DLHS, 21 per cent and 69 per cent of the women ware aware of RTI/STI and HIV/AIDS respectively and the corresponding figures for husbands of eligible women are 30 and 75 per cent respectively. The awareness of RTI/STI and HIV/AIDS among men was higher than that among women by 9 and 6 percentage points.

In general, in all the districts men were more aware of RTI/STI and HIV/AIDS than women. The highest level of awareness about RTI/STI among women was reported in Kodagu (52 per cent), followed by Uttara Kannada (50 per cent), Davanagere (34 per cent), Belgaum and

Dakshina Kannada (33 per cent each) to the lowest in Raichur (5 per cent). Among men the highest level of awareness of RTI/STI was reported in Uttara Kannada (57 per cent), followed by Chikmagalur (54 per cent) and Kodagu (51 per cent) and to the lowest in Raichur (10 per cent).

The proportion of husbands of eligible women for currently married women ages 15-44 who were aware of HIV/AIDS in the districts of state of Karnataka have also been presented in Table 8.19. Among women, the awareness about HIV/AIDS ranged from the highest of 89 per cent each in Kodagu and Udupi to the lowest of 38 per cent in Raichur. With the exception of Raichur, Koppal and Haveri, in every district, more than 50-89 per cent of the women reported awareness of HIV/AIDS. A high level of awareness of HIV/AIDS among men exceeding 75 per cent was reported in Uttara Kannada, Kodagu, Belgaum, Bangalore Urban, Chikmagalur, Gulbarga, Bidar, Koppal, Udupi, Shimoga, Dakshina Kannada, Bijapur, Davanagere, and Dharwad.

Table 8.19: AWARENESS OF RTI/STI AND HIV/AIDS BY DISTRICT

Percentage of currently married women and their husbands aware of RTI/STI and HIV/AIDS by district, Karnataka, 2002-04

District	Percentage of women		Percentage of men	
	Aware of RTI/STI	Aware of HIV/AIDS	Aware of RTI/STI	Aware of HIV/AIDS
Bagalkot	16.9	76.8	29.6	70.3
Bangalore Urban	21.8	83.2	31.5	84.9
Bangalore Rural	15.6	66.7	21.6	64.7
Belgaum	33.3	81.4	44.7	87.0
Bellary	8.7	66.3	15.0	64.0
Bidar	17.2	56.7	43.1	83.1
Bijapur	19.0	74.0	34.2	77.9
Chamarajanagar	22.2	60.0	18.5	52.2
Chikmagalur	32.1	77.7	53.5	83.8
Chitradurga	16.9	65.8	20.2	66.5
Dakshina Kannada	32.8	74.7	45.1	79.6
Davanagere	33.6	83.6	32.9	77.3
Dharwad	24.5	59.2	29.1	76.3
Gadag	18.2	74.1	23.1	64.2
Gulbarga	10.8	50.1	42.8	83.2
Hassan	21.4	76.4	20.9	71.3
Haveri	23.0	44.2	26.6	53.4
Kodagu	52.2	89.2	50.8	89.2
Kolar	18.5	57.7	19.5	61.6
Koppal	5.5	41.4	19.2	80.6
Mandya	19.6	72.2	27.8	73.9
Mysore	16.0	71.3	20.6	73.5
Raichur	4.9	37.7	9.7	69.7
Shimoga	25.2	77.2	28.9	80.1
Tumkur	19.9	62.0	35.4	68.0
Udupi	30.9	88.5	24.5	80.4
Uttara Kannada	49.9	80.3	57.3	90.0
Karnataka	21.2	68.7	30.2	74.8

APPENDIX A

Estimation of Sampling Error

The accuracy of programme indicators such as contraceptive prevalence rate, unmet need and institutional delivery, antenatal coverage, etc., estimated from DLHS-RCH, can be assessed in terms of stability of the estimated indicators as measured by the standard errors. Standard errors reflect only the appropriateness and suitability of sampling design adopted for RCH survey. However, the accuracy of estimated programme indicator is also affected to a great extent by non-sampling errors arising from lack of proper operationalisation and non-response cases, and is inherent in large scale surveys. The estimation producers of District Level Reproductive & Child Health survey take into consideration the design appropriateness and non-response rates. DLHS-RCH estimator of a programme indicators has been design as

$$r = \frac{\sum_h \sum_j \sum_i w_{hji}\, y_{hji}}{\sum_h \sum_j \sum_i w_{hji}\, x_{hji}} = \frac{y}{x} \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (1)$$

where the cell (h, j, i) stands for i^{th} observational unit in j^{th} primary sampling unit (PSU) in h^{th} stratum, basically rural-urban areas of a district are taken as strata. W_{hij} is the sampling weight of $(h, j, i)^{th}$ cell inflated by response rates. The variables y and x denote the main and the auxiliary characteristics required for computation of proportion or ratios.

The equation for the estimation of variance of programme indicator (r) has been obtained after Taylor series linearisation as

$$\text{var}(r) = \frac{1}{x^2}[\,\text{var}(y) + r^2\,\text{var}(x) - 2\,r\,\text{cov}(y, x)] \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (2)$$

$$\text{var}(y) = \sum_h \frac{n_h}{n_h - 1}\left[\sum_j \sum_i (w_{hji}\, y_{hij})^2 - \frac{\left(\sum_j \sum_i w_{hji}\, y_{hji}\right)^2}{n_h}\right] \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (3)$$

$$\text{cov}(y, x) = \sum_h \frac{n_h}{n_h - 1} \left[\sum_j \sum_i w_{hji}^2 y_{hji} x_{hji} - \frac{(\sum_j \sum_i w_{hji} y_{hji})(\sum_j \sum_i w_{hji} x_{hji})}{n_h} \right] \quad \ldots\ldots\ldots(4)$$

and n_h is the number of sampled PSUs representing rural or urban areas of a district/state.

List of Selected Programme Variables for Sampling Errors, RCH 2002-04

Variable	Estimate	Base Population
CPR (Any Method)	Proportion	Currently married women age 15-44 years
Unmet Need	Proportion	Currently married women age 15-44 years
Any ANC	Proportion	Last live/still births in the past three years
ANC3+	Proportion	Last live/still births in the past three years
Institutional Delivery	Proportion	Last live/still births in the past three years
Safe Delivery	Proportion	Last live/still births in the past three years
BCG	Proportion	Children age 12-23 months
Measles	Proportion	Children age 12-23 months
BO3+	Proportion	Currently married women age 15-44 years with births in the past three years

Sampling errors, Karnataka, 2002-04

Variables	Estimate (R)	Sampling error (SE)	Number of cases		Design Effect	Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted			R-1.96 SE	R+1.96 SE
Contraceptive Prevalence Rate (Currently Married Women age 15-44)								
Total	0.593	0.004	22,656	22,656	1.717	0.7	0.585	0.602
Rural	0.598	0.005	15,327	15,327	1.399	0.8	0.589	0.607
Urban	0.583	0.009	7,329	7,329	2.373	1.5	0.566	0.601
Unmet Need (Currently Married Women age 15-44)								
Total	0.151	0.003	22,656	22,656	1.828	2.1	0.145	0.158
Rural	0.140	0.003	15,327	15,327	1.421	2.4	0.133	0.146
Urban	0.175	0.007	7,329	7,329	2.525	4.0	0.162	0.189
Received Any Antenatal Check up (last live/still birth of past 3 years)								
Total	0.915	0.004	7,547	7,598	1.233	0.4	0.908	0.922
Rural	0.889	0.005	5,147	5,163	1.217	0.5	0.880	0.899
Urban	0.968	0.004	2,400	2,435	1.140	0.4	0.961	0.976
Received 3+ Antenatal Check up (last live/still birth of past 3 years)								
Total	0.801	0.006	7,547	7,598	1.467	0.7	0.790	0.812
Rural	0.759	0.007	5,147	5,163	1.321	0.9	0.745	0.772
Urban	0.890	0.009	2,400	2,435	1.898	1.0	0.873	0.907
Institutional Delivery (last live/still birth of past 3 years)								
Total	0.580	0.007	7,547	7,597	1.615	1.2	0.566	0.594
Rural	0.456	0.008	5,147	5,163	1.395	1.8	0.440	0.473
Urban	0.841	0.009	2,400	2,434	1.577	1.1	0.823	0.859
Safe Delivery (last live/still birth of past 3 years)								
Total	0.666	0.007	7,547	7,598	1.530	1.0	0.653	0.679
Rural	0.559	0.008	5,147	5,163	1.379	1.5	0.543	0.575
Urban	0.895	0.007	2,400	2,435	1.440	0.8	0.880	0.909
Received BCG Vaccination (last and last but one living children, age 12-23 months)								
Total	0.924	0.006	2,480	2,607	1.357	0.7	0.912	0.936
Rural	0.912	0.008	1,712	1,781	1.399	0.9	0.896	0.928
Urban	0.951	0.008	768	826	1.138	0.9	0.935	0.968
Received Measles (last and last but one living children, age 12-23 months)								
Total	0.772	0.011	2,480	2,607	1.654	1.4	0.751	0.793
Rural	0.741	0.013	1,712	1,781	1.559	1.8	0.715	0.767
Urban	0.838	0.018	768	826	1.754	2.1	0.803	0.872
Birth order 3+ (birth in last three years)								
Total	0.296	0.006	7,901	8,004	1.574	2.2	0.284	0.309
Rural	0.325	0.007	5,455	5,523	1.398	2.3	0.310	0.339
Urban	0.233	0.012	2,446	2,481	1.933	5.1	0.210	0.256

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Contraceptive Prevalence Rate (Currently Married Women age 15-44)							
Bagalkot	0.497	0.017	897	897	3.4	0.463	0.531
Bangalore Rural	0.676	0.018	761	761	2.7	0.640	0.711
Bangalore Urban	0.607	0.020	632	632	3.3	0.568	0.647
Belgaum	0.574	0.019	892	892	3.3	0.537	0.610
Bellary	0.475	0.017	985	985	3.6	0.442	0.508
Bidar	0.486	0.018	917	917	3.7	0.451	0.522
Bijapur	0.494	0.019	745	755	3.8	0.456	0.532
Chamarajanagar	0.693	0.017	826	835	2.5	0.660	0.726
Chikamagalur	0.706	0.018	718	717	2.5	0.671	0.742
Chitradurg	0.595	0.017	908	909	2.9	0.561	0.629
Dakhina Kannada	0.538	0.019	787	787	3.5	0.502	0.575
Davanagere	0.662	0.016	1,012	1,015	2.4	0.631	0.693
Dharwad	0.609	0.017	877	876	2.8	0.575	0.643
Gadag	0.506	0.018	888	890	3.6	0.472	0.541
Gulbarga	0.417	0.018	848	848	4.3	0.381	0.452
Hassan	0.710	0.017	783	783	2.4	0.676	0.743
Haveri	0.574	0.018	849	852	3.1	0.540	0.608
Kodagu	0.646	0.019	736	736	2.9	0.609	0.683
Kolar	0.653	0.017	876	877	2.6	0.620	0.686
Koppal	0.430	0.018	965	978	4.2	0.395	0.465
Mandya	0.737	0.016	844	845	2.2	0.705	0.769
Mysore	0.675	0.015	958	958	2.2	0.644	0.705
Raichur	0.422	0.019	872	872	4.5	0.384	0.459
Shimoga	0.722	0.017	879	879	2.4	0.688	0.756
Tumkur	0.605	0.018	758	758	3.0	0.569	0.641
Udupi	0.690	0.020	653	653	2.9	0.651	0.728
Uttara Kannada	0.589	0.018	790	837	3.1	0.553	0.625

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Unmet Need (Currently Married Women age 15-44)							
Bagalkot	0.159	0.013	897	897	8.2	0.134	0.184
Bangalore Rural	0.140	0.013	761	761	9.3	0.114	0.166
Bangalore Urban	0.178	0.016	632	632	9.0	0.146	0.209
Belgaum	0.152	0.013	892	892	8.6	0.126	0.178
Bellary	0.165	0.013	985	985	7.9	0.140	0.191
Bidar	0.196	0.014	917	917	7.1	0.168	0.223
Bijapur	0.184	0.016	745	755	8.7	0.153	0.215
Chamarajanagar	0.085	0.010	826	835	11.8	0.065	0.105
Chikamagalur	0.131	0.013	718	717	9.9	0.105	0.157
Chitradurg	0.151	0.014	908	909	9.3	0.124	0.178
Dakhina Kannada	0.197	0.015	787	787	7.6	0.168	0.227
Davanagere	0.063	0.008	1,012	1,015	12.7	0.047	0.079
Dharwad	0.180	0.014	877	876	7.8	0.153	0.207
Gadag	0.167	0.013	888	890	7.8	0.142	0.193
Gulbarga	0.254	0.016	848	848	6.3	0.222	0.285
Hassan	0.098	0.011	783	783	11.2	0.077	0.119
Haveri	0.137	0.012	849	852	8.8	0.113	0.161
Kodagu	0.177	0.015	736	735	8.5	0.148	0.206
Kolar	0.160	0.013	876	876	8.1	0.134	0.185
Koppal	0.157	0.013	965	977	8.3	0.132	0.182
Mandya	0.099	0.011	844	844	11.1	0.077	0.121
Mysore	0.095	0.010	958	958	10.5	0.076	0.114
Raichur	0.165	0.015	872	872	9.1	0.137	0.194
Shimoga	0.086	0.010	879	879	11.6	0.067	0.106
Tumkur	0.152	0.013	758	758	8.6	0.125	0.178
Udupi	0.127	0.014	653	653	11.0	0.099	0.155
Uttara Kannada	0.173	0.014	790	837	8.1	0.146	0.201

Sampling errors, Kamataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Received Any Antenatal Check up (last live/still birth of past 3 years)							
Bagalkot	0.880	0.019	310	317	2.2	0.843	0.916
Bangalore Rural	0.928	0.019	226	223	2.0	0.890	0.966
Bangalore Urban	0.995	0.005	217	214	0.5	0.985	1.000
Belgaum	0.956	0.013	306	307	1.4	0.930	0.982
Bellary	0.799	0.022	356	361	2.8	0.755	0.843
Bidar	0.873	0.019	379	389	2.2	0.837	0.910
Bijapur	0.841	0.022	282	288	2.6	0.797	0.884
Chamarajanagar	0.963	0.011	239	231	1.1	0.941	0.985
Chikamagalur	0.983	0.010	197	190	1.0	0.962	1.000
Chitradurg	0.927	0.017	272	280	1.8	0.895	0.960
Dakhina Kannada	0.997	0.003	228	236	0.3	0.990	1.000
Davanagere	0.940	0.014	298	299	1.5	0.912	0.968
Dharwad	0.954	0.012	331	335	1.3	0.931	0.977
Gadag	0.850	0.021	302	309	2.5	0.809	0.891
Gulbarga	0.800	0.021	397	391	2.6	0.758	0.841
Hassan	0.987	0.007	191	191	0.7	0.973	1.000
Haveri	0.896	0.018	301	300	2.0	0.861	0.932
Kodagu	0.991	0.007	232	235	0.7	0.978	1.000
Kolar	0.944	0.014	291	295	1.5	0.915	0.972
Koppal	0.811	0.022	387	399	2.7	0.768	0.853
Mandya	0.974	0.012	207	213	1.2	0.952	0.997
Mysore	0.956	0.013	281	278	1.4	0.931	0.981
Raichur	0.697	0.026	397	398	3.7	0.645	0.748
Shimoga	0.977	0.011	261	266	1.1	0.956	0.998
Tumkur	0.942	0.014	255	246	1.5	0.914	0.970
Udupi	0.996	0.004	157	159	0.4	0.987	1.000
Uttara Kannada	0.988	0.007	247	260	0.7	0.975	1.000

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Received 3+ Antenatal Check up (last live/still birth of past 3 years)							
Bagalkot	0.668	0.028	310	317	4.2	0.614	0.723
Bangalore Rural	0.883	0.024	226	223	2.7	0.836	0.931
Bangalore Urban	0.937	0.018	217	215	1.9	0.902	0.972
Belgaum	0.856	0.023	306	307	2.7	0.811	0.902
Bellary	0.580	0.028	356	361	4.8	0.525	0.634
Bidar	0.718	0.025	379	389	3.5	0.668	0.768
Bijapur	0.632	0.030	282	288	4.7	0.573	0.691
Chamarajanagar	0.901	0.021	239	231	2.3	0.860	0.942
Chikamagalur	0.921	0.021	197	189	2.3	0.881	0.962
Chitradurg	0.787	0.026	272	282	3.3	0.736	0.839
Dakhina Kannada	0.947	0.016	228	237	1.7	0.915	0.978
Davanagere	0.860	0.020	298	299	2.3	0.821	0.900
Dharwad	0.838	0.021	331	335	2.5	0.796	0.879
Gadag	0.674	0.028	302	309	4.2	0.619	0.729
Gulbarga	0.618	0.026	397	389	4.2	0.567	0.670
Hassan	0.914	0.021	191	191	2.3	0.872	0.956
Haveri	0.807	0.023	301	299	2.9	0.761	0.853
Kodagu	0.898	0.021	232	235	2.3	0.856	0.941
Kolar	0.869	0.021	291	295	2.4	0.828	0.910
Koppal	0.614	0.027	387	400	4.4	0.561	0.667
Mandya	0.953	0.015	207	213	1.6	0.924	0.983
Mysore	0.850	0.022	281	278	2.6	0.806	0.893
Raichur	0.509	0.029	397	399	5.7	0.452	0.565
Shimoga	0.901	0.021	261	267	2.3	0.860	0.942
Tumkur	0.836	0.024	255	245	2.9	0.789	0.882
Udupi	0.990	0.006	157	159	0.6	0.978	1.000
Uttara Kannada	0.953	0.013	247	259	1.4	0.927	0.979

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Institutional Delivery (last live/still birth of past 3 years)							
Bagalkot	0.486	0.029	310	319	6.0	0.428	0.544
Bangalore Rural	0.694	0.034	226	223	4.9	0.628	0.760
Bangalore Urban	0.924	0.020	217	213	2.2	0.885	0.963
Belgaum	0.613	0.031	306	307	5.1	0.552	0.675
Bellary	0.254	0.025	356	361	9.8	0.205	0.302
Bidar	0.456	0.028	379	389	6.1	0.401	0.511
Bijapur	0.572	0.031	282	287	5.4	0.511	0.632
Chamarajanagar	0.715	0.030	239	230	4.2	0.656	0.775
Chikamagalur	0.700	0.034	197	190	4.9	0.633	0.767
Chitradurg	0.536	0.032	272	280	6.0	0.473	0.599
Dakhina Kannada	0.939	0.018	228	234	1.9	0.903	0.975
Davanagere	0.555	0.030	298	299	5.4	0.496	0.614
Dharwad	0.601	0.028	331	335	4.7	0.546	0.656
Gadag	0.445	0.030	302	309	6.7	0.386	0.505
Gulbarga	0.311	0.025	397	391	8.0	0.262	0.361
Hassan	0.659	0.036	191	190	5.5	0.589	0.729
Haveri	0.430	0.030	301	300	7.0	0.372	0.487
Kodagu	0.758	0.030	232	235	4.0	0.699	0.816
Kolar	0.532	0.031	291	296	5.8	0.471	0.593
Koppal	0.206	0.023	387	399	11.2	0.161	0.252
Mandya	0.702	0.034	207	213	4.8	0.636	0.768
Mysore	0.649	0.029	281	279	4.5	0.591	0.707
Raichur	0.206	0.022	397	398	10.7	0.162	0.250
Shimoga	0.692	0.033	261	266	4.8	0.627	0.757
Tumkur	0.639	0.031	255	246	4.9	0.579	0.699
Udupi	0.941	0.020	157	158	2.1	0.901	0.981
Uttara Kannada	0.746	0.030	247	260	4.0	0.687	0.804

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Safe Delivery (last live/still birth of past 3 years)							
Bagalkot	0.591	0.029	310	318	4.9	0.534	0.648
Bangalore Rural	0.763	0.032	226	222	4.2	0.701	0.825
Bangalore Urban	0.949	0.018	217	213	1.9	0.914	0.983
Belgaum	0.705	0.030	306	307	4.3	0.647	0.764
Bellary	0.390	0.027	356	361	6.9	0.336	0.444
Bidar	0.503	0.028	379	389	5.6	0.448	0.558
Bijapur	0.640	0.030	282	288	4.7	0.582	0.698
Chamarajanagar	0.778	0.028	239	231	3.6	0.724	0.833
Chikamagalur	0.787	0.031	197	191	3.9	0.725	0.848
Chitradurg	0.644	0.031	272	280	4.8	0.584	0.705
Dakhina Kannada	0.957	0.015	228	236	1.6	0.927	0.987
Davanagere	0.666	0.029	298	299	4.4	0.610	0.722
Dharwad	0.703	0.026	331	335	3.7	0.652	0.755
Gadag	0.583	0.030	302	309	5.1	0.525	0.641
Gulbarga	0.375	0.026	397	390	6.9	0.324	0.427
Hassan	0.790	0.030	191	190	3.8	0.731	0.850
Haveri	0.525	0.030	301	300	5.7	0.466	0.583
Kodagu	0.797	0.028	232	235	3.5	0.742	0.852
Kolar	0.642	0.030	291	296	4.7	0.583	0.701
Koppal	0.366	0.027	387	398	7.4	0.313	0.419
Mandya	0.862	0.025	207	213	2.9	0.812	0.911
Mysore	0.689	0.029	281	279	4.2	0.633	0.745
Raichur	0.366	0.028	397	398	7.7	0.311	0.421
Shimoga	0.784	0.029	261	266	3.7	0.727	0.841
Tumkur	0.757	0.027	255	246	3.6	0.704	0.811
Udupi	0.970	0.015	157	159	1.5	0.941	0.999
Uttara Kannada	0.810	0.027	247	260	3.3	0.756	0.864

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Received BCG Vaccination (last and last but one living children, age 12-23 months)							
Bagalkot	0.924	0.024	103	102	2.6	0.877	0.970
Bangalore Urban	1.000	0.000	72	71	0.0	1.000	1.000
Bangalore Rural	1.000	0.000	77	77	0.0	1.000	1.000
Belgaum	0.901	0.029	118	124	3.3	0.843	0.959
Bellary	0.937	0.021	105	107	2.2	0.896	0.979
Bidar	0.925	0.022	118	124	2.3	0.883	0.968
Bijapur	0.886	0.036	75	77	4.0	0.816	0.956
Chamarajanagar	1.000	0.000	70	66	0.0	1.000	1.000
Chikmagalur	0.968	0.031	44	39	3.2	0.908	1.029
Chitradurga	0.969	0.018	78	81	1.8	0.934	1.004
Dakshina Kannada	1.000	0.000	50	52	0.0	1.000	1.000
Davanagere	1.000	0.000	98	100	0.0	1.000	1.000
Dharwad	0.940	0.027	87	88	2.8	0.888	0.992
Gadag	0.948	0.021	102	107	2.2	0.907	0.990
Gulbarga	0.723	0.041	134	129	5.7	0.642	0.803
Hassan	0.973	0.019	60	68	1.9	0.936	1.010
Haveri	0.930	0.026	95	95	2.8	0.880	0.981
Kodagu	0.932	0.033	67	68	3.6	0.867	0.997
Kolar	0.951	0.020	102	106	2.1	0.911	0.990
Koppal	0.736	0.043	109	113	5.8	0.652	0.820
Mandya	1.000	0.000	61	65	0.0	1.000	1.000
Mysore	0.985	0.015	70	70	1.5	0.957	1.014
Raichur	0.677	0.047	118	122	6.9	0.586	0.768
Shimoga	0.983	0.013	79	77	1.3	0.958	1.007
Tumkur	0.980	0.014	63	62	1.4	0.953	1.008
Udupi	1.000	0.000	51	54	0.0	1.000	1.000
Uttara Kannada	0.996	0.004	69	74	0.4	0.990	1.003

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Received Measles (last and last but one living children, age 12-23 months)							
Bagalkot	0.545	0.049	103	102	9.0	0.449	0.640
Bangalore Urban	0.924	0.030	72	71	3.2	0.866	0.983
Bangalore Rural	0.879	0.040	77	77	4.6	0.800	0.957
Belgaum	0.547	0.050	118	124	9.1	0.449	0.646
Bellary	0.782	0.041	105	107	5.2	0.702	0.861
Bidar	0.659	0.046	118	124	6.9	0.570	0.749
Bijapur	0.641	0.057	75	77	8.8	0.530	0.752
Chamarajanagar	0.880	0.039	70	66	4.4	0.804	0.956
Chikmagalur	0.868	0.053	44	39	6.1	0.764	0.971
Chitradurga	0.839	0.042	78	81	5.0	0.757	0.921
Dakshina Kannada	0.952	0.028	50	52	2.9	0.897	1.006
Davanagere	0.877	0.034	98	100	3.8	0.811	0.942
Dharwad	0.781	0.046	87	88	5.9	0.691	0.871
Gadag	0.788	0.040	102	107	5.1	0.709	0.867
Gulbarga	0.535	0.045	134	129	8.5	0.446	0.624
Hassan	0.943	0.028	60	68	3.0	0.888	0.998
Haveri	0.707	0.047	95	95	6.6	0.615	0.799
Kodagu	0.950	0.028	67	68	3.0	0.895	1.005
Kolar	0.960	0.019	102	106	2.0	0.923	0.997
Koppal	0.537	0.048	109	113	9.0	0.442	0.632
Mandya	0.835	0.051	61	65	6.1	0.735	0.935
Mysore	0.963	0.021	70	70	2.2	0.922	1.005
Raichur	0.500	0.051	118	122	10.2	0.399	0.600
Shimoga	0.934	0.026	79	77	2.8	0.883	0.985
Tumkur	0.877	0.040	63	62	4.6	0.799	0.956
Udupi	0.949	0.035	51	54	3.7	0.881	1.018
Uttara Kannada	0.986	0.014	69	74	1.4	0.959	1.013

Sampling errors, Karnataka, 2002-04

District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
Birth order 3+ (birth in last three years)							
Bagalkot	0.350	0.028	328	340	8.0	0.296	0.404
Bangalore Rural	0.215	0.028	233	231	13.0	0.159	0.270
Bangalore Urban	0.122	0.023	222	222	18.9	0.077	0.166
Belgaum	0.329	0.029	337	343	8.8	0.272	0.386
Bellary	0.417	0.028	359	369	6.7	0.363	0.471
Bidar	0.455	0.027	410	423	5.9	0.402	0.508
Bijapur	0.416	0.029	330	337	7.0	0.360	0.473
Chamarajanagar	0.218	0.028	225	220	12.8	0.162	0.273
Chikamagalur	0.175	0.028	207	206	16.0	0.120	0.231
Chitradurg	0.263	0.028	278	285	10.6	0.208	0.318
Dakhina Kannada	0.277	0.034	202	209	12.3	0.211	0.343
Davanagere	0.240	0.026	300	305	10.8	0.190	0.291
Dharwad	0.338	0.027	340	345	8.0	0.286	0.390
Gadag	0.312	0.027	337	343	8.7	0.260	0.364
Gulbarga	0.511	0.027	410	406	5.3	0.459	0.563
Hassan	0.120	0.024	205	202	20.0	0.073	0.168
Haveri	0.334	0.028	308	310	8.4	0.279	0.390
Kodagu	0.199	0.028	237	239	14.1	0.145	0.253
Kolar	0.259	0.027	296	300	10.4	0.206	0.311
Koppal	0.506	0.026	430	436	5.1	0.454	0.558
Mandya	0.147	0.024	231	239	16.3	0.100	0.194
Mysore	0.198	0.025	276	275	12.6	0.150	0.247
Raichur	0.487	0.027	450	457	5.5	0.434	0.540
Shimoga	0.257	0.030	265	276	11.7	0.198	0.317
Tumkur	0.216	0.025	265	257	11.6	0.166	0.265
Udupi	0.186	0.036	150	151	19.4	0.115	0.257
Uttara Kannada	0.265	0.028	270	277	10.6	0.210	0.320

APPENDIX B

DLHS-RCH STAFF, KARNATAKA

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APPENDIX C

QUESTIONNAIRES

HOUSEHOLD
WOMEN
HUSBAND
VILLAGE

DISTRICT LEVEL HOUSEHOLD SURVEY
REPRODUCTIVE AND CHILD HEALTH (RCH)
Round II. Phase II, 2003-2004
HOUSEHOLD QUESTIONNAIRE

Confidential for research purpose only

IDENTIFICATION

STATE _____

DISTRICT _____

TEHESIL/TALUK COMMUNITY DEVELOPMENT BLOCK/MANDAL _____

PSU (VILLAGE/URBAN WARD/UFS) _____

VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK _____

TYPE OF LOCALITY: RURAL.....1 URBAN.....2

HEAD OF THE HOUSEHOLD

NAME _____

ADDRESS _____

_____

_____

SERIAL NUMBER OF VILLAGE QUESTIONNAIRE .....

SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE .....

(TO BE ENTERED AT OFFICE)

INTERVIEW DATE — DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]

RESULT STATUS OF THE HOUSEHOLD QUESTIONNAIRE

COMPLETED	1	DWELLING VACANT/ADDRESS NOT A DWELLING	5
HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME	2	DWELLING DESTROYED	6
HOUSEHOLD ABSENT	3	DWELLING NOT FOUND	7
REFUSED	4	OTHER (SPECIFY)	8

RESULT STATUS OF THE WOMAN/HUSBAND QUESTIONNAIRE

	1	2	3	4	5
LINE NUMBER OF ELIGIBLE WOMAN					
RESULT STATUS OF WOMAN QUESTIONNAIRE					
LINE NUMBER OF HUSBAND OF ELIGIBLE WOMAN					
RESULT STATUS OF HUSBAND QUESTIONNAIRE					

COMPLETED.....1 PARTLY COMPLETED.....4
NOT AT HOME.....2 OTHER.....5
REFUSED.....3

NUMBER OF ELIGIBLE WOMEN INTERVIEWED

NUMBER OF HUSBANDS INTERVIEWED

LINE NUMBER OF RESPONDENT IN HOUSEHOLD SCHEDULE

NO. OF VISTIS MADE

	SPOT CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____

_____
NAME OF THE INVESTIGATOR

_____
SIGNATURE OF THE INVESTIGATOR

Q 100: RECORD THE TIME: HOURS ☐☐ MINUTES ☐☐

HOUSEHOLD CHARACTERISTICS

Now I would like to have some information about the people who usually live in your household and the visitors to your household
ನಾನು ಈಗ ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವವರ ಮತ್ತು ನಿಮ್ಮ ಮನೆಗೆ ಬಂದಿರುವ ನೆಂಟರಿಷ್ಟರ ಬಗ್ಗೆ ಕೆಲವು ಮಾಹಿತಿ ಸಂಗ್ರಹಿಸಲು ಬಯಸುತ್ತೇನೆ

LINE NO ಕ್ರಮ ಸಂಖ್ಯೆ	USUAL RESIDENTS OF THE HH AND VISITORS ಕುಟುಂಬದಲ್ಲಿ ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವವರು ಮತ್ತು ನೆಂಟರಿಷ್ಟರು Q101	RELATION-SHIP WITH HEAD OF HH ಕುಟುಂಬದ ಯಜಮಾನರಿಗಿರುವ ಸಂಬಂಧ Q102	RESIDENCE ವಾಸ ಸ್ಥಳ			SEX ಲಿಂಗ Q106	AGE ವಯಸ್ಸು Q107	IF AGE ≥ 10 YEARS MARITAL STATUS 10 ವರ್ಷ ಮೇಲ್ಪಟ್ಟಿದ್ದರೆ, ವೈವಾಹಿಕ ಸ್ಥಿತಿ Q108	IF AGE ≥ 7YEARS 7 ವರ್ಷ ಮೇಲ್ಪಟ್ಟಿದ್ದರೆ		DOES ANYONE LISTED SUFFER FROM ಈ ಪಟ್ಟಿಯಲ್ಲಿರುವ ಯಾವುದೇ ವ್ಯಕ್ತಿಗೆ		
			Q103	Q104	Q105				Q109	Q110	Q111	Q112	Q113
	Please tell me the names of the persons who usually live in your household and visitors to the household starting with the head of the household ಮನೆಯ ಯಜಮಾನರಿಂದ ಹಿಡಿದು ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವ ಮತ್ತು ನೆಂಟರಿಷ್ಟರ ಹೆಸರುಗಳನ್ನೆಲ್ಲ ದಯವಿಟ್ಟು ಹೇಳಿ	What is the relationship of (NAME) to the head of the household? * ಕುಟುಂಬದ ಯಜಮಾನರಿಗೆ (ಹೆಸರು) ಇರುವ ಸಂಬಂಧ ಏನು?	Does (NAME) usually live here? Y=1 N=2 ↓ Q105 (ಹೆಸರು) ಸಾಮಾನ್ಯವಾಗಿ ಇಲ್ಲೇ ವಾಸಿಸುತ್ತಾರೆಯೇ?	If Yes, is (NAME) away from HH temporarily? How many days continuously is he/she away from HH? @ ಹೌದಾದರೆ, (ಹೆಸರು) ತಾತ್ಕಾಲಿಕವಾಗಿ ಹೊರಗಿದ್ದಾರೆಯೇ? ಅವನು/ಅವಳು ಎಷ್ಟು ದಿನಗಳಿಂದ ನಿರಂತರವಾಗಿ ಕುಟುಂಬದಿಂದ ಹೊರಗಿದ್ದಾರೆ?	If, No for Q103, for how many days is (NAME) staying continuously here in this HH? ಪ್ರ 103ರಲ್ಲಿ "ಇಲ್ಲ" ಎಂದಿದ್ದರೆ, ಅವರು ಎಷ್ಟು ದಿನಗಳಿಂದ ನಿರಂತರವಾಗಿ (ಹೆಸರು) ಈ ಕುಟುಂಬ ದಲ್ಲಿ ವಾಸಿಸುತ್ತಿದ್ದಾರೆ?	Is (NAME) male or female? M=1 F=2 (ಹೆಸರು) ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು	How old is (Name)? (completed year) ** (ಹೆಸರು)ಗೆ ಎಷ್ಟು ವಯಸ್ಸು? (ಪೂರ್ತಿಯಾದ ವರ್ಷ)	What is the current marital status of (NAME) (10+) *** CM=1 NG=2 W/D/S= 3 NM=4 (ಹೆಸರು) ಸದ್ಯದ ವೈವಾಹಿಕ ಸ್ಥಿತಿ ಏನು?	EDUCATION Can (NAME) read and write? Y=1 N=2 (ಹೆಸರು)ಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತ್ತದೆಯೇ?	If yes for Q109 What is the highest grade (NAME) has completed **** (ಹೆಸರು) ಎಲ್ಲಿಯವರೆಗೆ ಕಲಿತಿದ್ದಾರೆ?	BLIND NESS? ***** ಕುರುಡುತನ ಇದೆಯೇ?	TUBER CULOSIS? Y=1 N=2 ಕ್ಷಯ ಇದೆಯೇ?	MALARIA ANY TIME DURING THE LAST TWO WEEKS? Y=1 N=2 ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಮಲೇರಿಯಾ ಜ್ವರ ಬಂದಿತ್ತೇ?
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													

LINE NO ಕ್ರಮ ಸಂಖ್ಯೆ	USUAL RESIDENTS OF THE HH AND VISITORS ಕುಟುಂಬದಲ್ಲಿ ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವವರು ಮತ್ತು ನೆಂಟರಿಷ್ಟರು	RELATIONSHIP WITH HEAD OF HH ಕುಟುಂಬದ ಯಜಮಾನರಿಗಿರುವ ಸಂಬಂಧ	RESIDENCE ವಾಸ ಸ್ಥಳ			SEX ಲಿಂಗ	AGE ವಯಸ್ಸು	IF AGE ≥ 10 YEARS MARITAL STATUS 10 ವರ್ಷ ಮೇಲ್ಪಟ್ಟಿದ್ದರೆ, ವೈವಾಹಿಕ ಸ್ಥಿತಿ	IF AGE:≥ 7YEARS 7 ವರ್ಷ ಮೇಲ್ಪಟ್ಟಿದ್ದರೆ		DOES ANYONE LISTED SUFFER FROM ಈ ಪಟ್ಟಿಯಲ್ಲಿರುವ ಯಾವುದೇ ವ್ಯಕ್ತಿಗೆ		
	Q101	Q102	Q103	Q104	Q105	Q106	Q107	Q108	Q109	Q110	Q111	Q112	Q113
	Please tell me the names of the persons who usually live in your house hold and visitors to the house-hold starting with the head of the household ಮನೆಯ ಯಜಮಾನರಿಂದ ಹಿಡಿದು ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವ ಮತ್ತು ನೆಂಟರಿಷ್ಟರ ಹೆಸರುಗಳನ್ನೆಲ್ಲ ದಯವಿಟ್ಟು ಹೇಳಿ	What is the relationship of (NAME) to the head of the household? * ಕುಟುಂಬದ ಯಜಮಾನರಿಗೆ (ಹೆಸರು) ಇರುವ ಸಂಬಂಧ ಏನು?	Does (NAME) usually live here? Y=1 N=2 ↓ Q105 (ಹೆಸರು) ಸಾಮಾನ್ಯವಾಗಿ ಇಲ್ಲೇ ವಾಸಿಸುತ್ತಾರೆಯೇ?	If Yes, is (NAME) away from HH temporarily? How many days continuously is he/she away from HH? @ ಹೌದಾದರೆ, (ಹೆಸರು) ತಾತ್ಕಾಲಿಕವಾಗಿ ಹೊರಗಿದ್ದಾರೆಯೇ? ಅವನು/ಅವಳು ಎಷ್ಟು ದಿನಗಳಿಂದ ನಿರಂತರವಾಗಿ ಕುಟುಂಬದಿಂದ ಹೊರಗಿದ್ದಾರೆ?	If, No for Q103, for how many days is (NAME) staying continuously here in this HH? ಪ್ರ 103ರಲ್ಲಿ "ಇಲ್ಲ" ಎಂದಿದ್ದರೆ, ಅವರು ಎಷ್ಟು ದಿನಗಳಿಂದ ನಿರಂತರವಾಗಿ (ಹೆಸರು) ಈ ಕುಟುಂಬದಲ್ಲಿ ವಾಸಿಸುತ್ತಿದ್ದಾರೆ?	Is (NAME) male or female? M=1 F=2 (ಹೆಸರು) ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು	How old is (Name)? (completed year) ** (ಹೆಸರು)ಗೆ ಎಷ್ಟು ವಯಸ್ಸು? (ಪೂರ್ತಿಯಾದ ವರ್ಷ)	What is the current marital status of (NAME) (10+) *** CM=1 NG=2 W/D/S= 3 NM=4 (ಹೆಸರು) ಸದ್ಯದ ವೈವಾಹಿಕ ಸ್ಥಿತಿ ಏನು?	EDUCATION Can (NAME) read and write? Y=1 N=2 (ಹೆಸರು)ಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರತ್ತದೆಯೇ?	If yes for Q109 What is the highest grade (NAME) has completed **** (ಹೆಸರು) ಎಲ್ಲಿಯವರೆಗೆ ಕಲಿತಿದ್ದಾರೆ?	BLIND NESS? ***** ಕುರುಡುತನ ಇದೆಯೇ?	TUBER CULOSIS? Y=1 N=2 ಕ್ಷಯ ಇದೆಯೇ?	MALARIA ANY TIME DURING THE LAST TWO WEEKS? Y=1 N=2 ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಮಲೇರಿಯಾ ಜ್ವರ ಬಂದಿತ್ತೇ?
13													
14													
15													
16													
17													
18													
19													
20													

Total Persons in HH ____ **Number of Males in HH** ____ **Number of Females in HH** ____

Circle the serial numbers of all eligible woman: (Currently married woman in the age group (15-44)whose marriage is consummated and who is usual resident or a visitor stayed in this HH on the last night

ಎಲ್ಲಾ ಅರ್ಹ ಮಹಿಳೆಯರ ಕ್ರ.ಸಂ.ಯನ್ನು ಗುರುತಿಸಿ (ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವ ಅಥವಾ ಕಳೆದ ರಾತ್ರಿ ಈ ಮನೆಯಲ್ಲಿ ತಂಗಿದ್ದ 15–44 ವಯಸ್ಸಿನ ಸದ್ಯ ಗಂಡನ ಜೊತೆ ವಾಸಿಸುತ್ತಿರುವ ಮಹಿಳೆ)

*CODES FOR Q102 RELATION SHIP TO HEAD OF HOUSEHOLD:		@	**	***	****	*****
01= HEAD	06= PARENT	CODES FOR Q.104	CODES FOR Q107	CODES FOR Q108	CODES FOR Q110	CODES FOR Q111
02= WIFE OR HUSBAND	07= PARENT-IN-LAW	AWAY FROM THE HH	00= AGE LESS THAN ONE YEAR	MARITAL STATUS:		
03= SON OR DAUGHTER	08= BROTHER OR SISTER	00=NOT AWAY		1= CURRENTLY MARRIED	GRADE:	BLINDNESS:
04= SON-IN-LAW OR DAUGHTER-IN-LAW	09= BROTHER-IN-LAW OR SISTER-IN-LAW	OTHERWISE ACTUAL DURATION IN DAYS	95= AGE 95 YEARS OR MORE	2= MARRIED, BUT GAUNA NOT PERFORMED	00= LESS THAN 1 YEAR COMPLETED & NOT ATTENDED SCHOOL	1=PARTIAL
05=GRAND CHILD	10= NIECE OR NEPHEW	MORE THAN		3= WIDOWED/ DIVORCED/ SEPARATED		2=COMPLETE
	11= OTHER RELATIVE	3 MONTHS		4= NEVER MARRIED		3=NIGHT
	12= ADOPTED/FOSTER CHILD	RECORD 90				4=NO
	13= NOT RELATED					

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q114	What is the religion of the head of this household? ಕುಟುಂಬದ ಯಜಮಾನರ ಧರ್ಮ ಯಾವುದು?	HINDU ..... 1 MUSLIM..... 2 CHRISTIAN..... 3 SIKH ..... 4 BUDDHIST..... 5 JAIN ..... 6 ZOROASTRIAN..... 7 NO RELIGION..... 8 OTHER..... 9 (SPECIFY)	
Q115	a) What is the caste/tribe of the head of this household? ಕುಟುಂಬದ ಯಜಮಾನರ ಜಾತಿ/ಪಂಗಡ ಯಾವುದು? (ವಿವರಿಸಿ) (Specify)_____ b) Does he/she belong to Scheduled Caste, Scheduled Tribe or Other Backward Classes ಅವನು/ಅವಳು ಪರಿಶಿಷ್ಟ ಜಾತಿ/ಪರಿಶಿಷ್ಟ ಪಂಗಡ ಅಥವಾ ಇತರ ಹಿಂದುಳಿದ ವರ್ಗಕ್ಕೆ ಸೇರಿದವರೇ?	SCHEDULED CASTE .....1 SCHEDULEED TRIBE.....2 OTHER BACKWARD CLASSES.....3 OTHERS.....4 DO NOT KNOW.....9	
Q116	What is the main source of drinking water for your household? ನಿಮ್ಮ ಕುಟುಂಬಕ್ಕೆ ಮುಖ್ಯವಾಗಿ ಕುಡಿಯುವ ನೀರು ಎಲ್ಲಿಂದ ದೊರೆಯುತ್ತದೆ?	TAP (INSIDE RESIDENCE/YARD/PLOT)..... 1 TAP (SHARED/PUBLIC) ..... 2 HANDPUMP/BOREWELL..... 3 WELL-COVERED..... 4 WELL-UNCOVERED ..... 5 RIVER ..... 6 POND ..... 7 SPRING..... 8 OTHER..... 9 (SPECIFY)	
Q117	Type of house **(RECORD BY OBSERVATION)** ಮನೆಯ ಕಟ್ಟಡದ ವಿವರ (ಯಾವ ತರಹದ ಮನೆ)‡®± (ನೋಡಿ ಬರೆಯಿರಿ)	KACHCHA..... 1 SEMI-PUCCA..... 2 PUCCA..... 3	
Q118	What type of toilet facility does your household have? ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಯಾವ ತರಹದ ಶೌಚಾಲಯ (ಕಕ್ಕಸು) ವ್ಯವಸ್ಥೆ ಇದೆ?	OWN FLUSH TOILET..... 1 OWN PIT TOILET..... 2 SHARED TOILET (ANY TYPE)..... 3 PUBLIC / COMMUNITY TOILET (ANY TYPE)..... 4 NO TOILET FACILITY..... 5	
Q119	What is the main source of lighting for your household? ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಮುಖ್ಯವಾಗಿ ಯಾವ ತರಹದ ±å (ರಾತ್ರಿ ಹೊತ್ತು) ದೀಪ ಬಳಸುತ್ತೀರಿ?	ELECTRICITY..... 1 KEROSENE..... 2 OTHER..... 3	
Q120	What type of fuel does your household mainly use for cooking? ನೀವು ಅಡುಗೆ ಮಾಡಲು ಬಳಸುವ ಪ್ರಮುಖ ಇಂಧನ (ಒಲೆ) ಯಾವುದು?	LIQUID PETROLEUM GAS/ELECTRICITY..... 1 KEROSENE..... 2 WOOD..... 3 OTHER..... 4	

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
Q121	Does your household own any of the following? **(ASK ABOUT EACH ITEM SEPARATELY)** ನಿಮ್ಮ ಕುಟುಂಬವು ಕೆಳಗಿನ ಸ್ವತ್ತು (ವಸ್ತು)ಗಳನ್ನು ಹೊಂದಿದೆಯೇ? (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ವಸ್ತುವಿನ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO FAN..... 1 2 RADIO/TRANSISTER..... 1 2 SEWING MACHINE..... 1 2 TELEVISION..... 1 2 TELEPHONE..... 1 2 BICYCLE..... 1 2 MOTOR CYCLE/SCOOTOR..... 1 2 CAR/JEEP..... 1 2 TRACTOR..... 1 2	
Q122	Was there any marriage of usual residents of this household since January 1, 2001? 2001 ಜನವರಿ 1 ರಿಂದ ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ (ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವವರಿಗೆ) ಯಾರಿಗಾದರೂ ಮದುವೆ ಆಗಿದೆಯೇ?	YES..... 1 NO..... 2 →	Q124
Q123	(a) How many marriages were there? ಎಷ್ಟು ಮದುವೆಗಳು ಆಗಿವೆ? (b) What was the age of that person at the time of marriage? ಮದುವೆಯಾದಾಗ ಆ ವ್ಯಕ್ತಿಗೆ ವಯಸ್ಸೆಷ್ಟಿತ್ತು?	BOYS ☐ GIRLS ☐ TOTAL ☐ 1 2 3 4 BOY ☐☐ ☐☐ ☐☐ ☐☐ GIRL ☐☐ ☐☐ ☐☐ ☐☐	
Q124	Did any usual resident of this household die since January1, 2001? 2001 ಜನವರಿ 1 ರಿಂದ ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ (ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವವರು) ಯಾರಾದರೂ ಸತ್ತಿದ್ದಾರೆಯೇ?	YES.....1 NO.....2 →	Q 142
Q125	How many persons died? ಎಷ್ಟು ಜನರು ಸತ್ತಿದ್ದಾರೆ?	MALE ☐ FEMALE ☐ TOTAL DEATHS ☐	

Q126 What (Was/Were) the name(s) of the person(s) who died? ಸತ್ತಿರುವ ವ್ಯಕ್ತಿಯ/ವ್ಯಕ್ತಿಗಳ ಹೆಸರು (ಗಳು) ಏನು?	Q127 was(NAME) a male or a female? MALE = 1 FEMALE =2 (ಹೆಸರು) ಗಂಡೇ ಅಥವಾ ಹೆಣ್ಣೇ?	Q128 How old was he/she when he/she died? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS ಅವಳ ವಯಸ್ಸೆಷ್ಟಿತ್ತು? (ಒಂದು ತಿಂಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ದಿನಗಳು ಎರಡು ವರ್ಷಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ತಿಂಗಳು ಅಥವಾ ವರ್ಷಗಳನ್ನು ದಾಖಲಿಸಿ)	Q129 In what month and year did (NAME) die? (ಹೆಸರು) ಯಾವ ತಿಂಗಳು ಮತ್ತು ವರ್ಷದಲ್ಲಿ ಸತ್ತಿದ್ದಾರೆ?	Q130 CHECK Q127 AND Q 128: WHETHER DECEASED WAS FEMALE AGED 15-44 AT THE TIME OF DEATH? ಪ್ರಶ್ನೆ 127 ಮತ್ತು ಪ್ರಶ್ನೆ 128ನ್ನು ನೋಡಿ: ಆ ಸತ್ತ ವ್ಯಕ್ತಿ ತಾನು ಸತ್ತಾಗ 15- 44ವರ್ಷ ದೊಳಗಿನ ಮಹಿಳೆಯಾಗಿದ್ದಳೇ?	CHECK Q 130: IF DECEASED WAS FEMALE AGED 15-44 AT THE TIME OF DEATH ಪ್ರಶ್ನೆ 130 ನ್ನು ನೋಡಿ: ಆ ಸತ್ತ ವ್ಯಕ್ತಿ ತಾನು ಸತ್ತಾಗ 15–44ವರ್ಷ ದೊಳಗಿನ ಮಹಿಳೆ ಯಾಗಿದ್ದಳೇ?			
					Q131 Was(NAME) pregnant when she died? (ಹೆಸರು) ಅವರು ಸತ್ತಾಗ ಗರ್ಭಿಣಿಯಾಗಿದ್ದರೇ?	Q132 Did (NAME) die at the time of abortion or within six weeks of abortion? (ಹೆಸರು) ಗರ್ಭಪಾತವಾದಾಗ ಸತ್ತರೇ ಅಥವಾ ಗರ್ಭಪಾತವಾದ ಆರು ವಾರಗಳಲ್ಲಿ ಸತ್ತರೇ?	Q133 Did (NAME) die during child birth? (ಹೆಸರು) ಹೆರಿಗೆಯಾಗುವಾಗ ಸತ್ತರೇ?	Q134 Did (NAME) die within six weeks of the end of pregnancy or childbirth? (ಹೆಸರು) ಹೆರಿಗೆಯಾಗುವಾಗ ಸತ್ತರೇ ಅಥವಾ ಹೆರಿಗೆಯಾದ ಆರು ವಾರಗಳಲ್ಲಿ ಸತ್ತರೇ?
01 _____ (NAME)	☐	DAYS.....1 ☐☐ MONTHS....2 ☐☐ YEARS.....3 ☐☐	MON. ☐☐ YR. ☐☐☐☐	YES.....1 NO.....2 → GO TO NEXT DEATH	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 NO.....2 → GO TO NEXT DEATH
02 _____ (NAME)	☐	DAYS.....1 ☐☐ MONTHS....2 ☐☐ YEARS.....3 ☐☐	MON. ☐☐ YR. ☐☐☐☐	YES.....1 NO.....2 → GO TO NEXT DEATH	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 NO.....2 → GO TO NEXT DEATH
03 _____ (NAME)	☐	DAYS.....1 ☐☐ MONTHS....2 ☐☐ YEARS.....3 ☐☐	MON. ☐☐ YR. ☐☐☐☐	YES.....1 NO.....2 → GO TO NEXT DEATH	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 NO.....2 → GO TO NEXT DEATH
04 _____ (NAME)	☐	DAYS.....1 ☐☐ MONTHS....2 ☐☐ YEARS.....3 ☐☐	MON. ☐☐ YR. ☐☐☐☐	YES.....1 NO.....2 → GO TO NEXT DEATH	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 → GO TO NEXT DEATH NO...2	YES.....1 NO.....2 → GO TO NEXT DEATH
05 _____ (NAME)	☐	DAYS.....1 ☐☐ MONTHS....2 ☐☐ YEARS.....3 ☐☐	MON. ☐☐ YR. ☐☐☐☐	YES.....1 NO.....2 → GO TO Q.142	YES.....1 → Q135 NO...2	YES.....1 → Q135 NO...2	YES.....1 → Q135 NO...2	YES.....1 → Q135 NO.....2 → GO TO Q.142

Q 135 TO Q 141 ASK ONLY IN CASE OF MATERNAL DEATH

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	FOR DEATH 1	FOR DEATH 2
Q135	Serial Number of Q 126 ಪ್ರಶ್ನೆ 126 ರ ಕ್ರಮ ಸಂಖ್ಯೆ			
Q136	What was her parity? ಅವಳಿಗೆ ಅದು ಎಷ್ಟನೇ ಹೆರಿಗೆ	PARITY.....		
Q137	How many months pregnant was she when she died/she delivered? ಅವಳು ಸತ್ತಾಗ / ಹೆರಿಗೆಯಾಗುವಾಗ ಎಷ್ಟು ತಿಂಗಳ ಗರ್ಭಿಣಿಯಾಗಿದ್ದಳು?	MONTHS.....		
Q.138	**(NOT ABOUT THE WOMEN WHO DIED DURING PREGNANCY)** Where did the delivery/abortion take place? (ಗರ್ಭಿಣಿ ಸಮಯದಲ್ಲಿ ಸತ್ತು ಹೋದ ಮಹಿಳೆಯನ್ನು ಹೊರತುಪಡಿಸಿ/ಬಿಟ್ಟು) ಅವಳ ಹೆರಿಗೆ/ಗರ್ಭಪಾತ ಎಲ್ಲಿ ಆಯಿತು?	GOVT.HOSPITAL..... 1 PRIVATE HOSPITAL..... 2 GOVT.ISM HOSPITAL..... 3 PRIVATE ISM HOSPITAL..... 4 HOME..... 5 OTHER..... 6	1 2 3 4 5 6	
Q139	How many days after the delivery/abortion did she die? ಹೆರಿಗೆಯಾದ/ಗರ್ಭಪಾತವಾದ ಎಷ್ಟು ದಿನಗಳ ನಂತರಸತ್ತಳು?	DIED DURING PREGNANCY..... 99 DIED DURING DELIVERY ON THE SAME DAY..... 00 DAYS.....	99 00	

Q140	Did she experience any of the following health problems during pregnancy, delivery or post delivery/ abortion period. **(ASK ABOUT EACH SEPARATELY)** ಗರ್ಭಿಣಿಯ ಅವಧಿಯಲ್ಲಿ/ಹೆರಿಗೆಯಾಗುವಾಗ ಅಥವಾ ಹೆರಿಗೆ ಆದ ನಂತರ/ಗರ್ಭಪಾತದ ಅವಧಿಯಲ್ಲಿ ಏನಾದರೂ ತೊಂದರೆಗಳನ್ನು ಅನುಭವಿಸಿದ್ದಳೇ? (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ತೊಂದರೆಯನ್ನು ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	**PREGNANCY**	YES	NO	DK	YES	NO	DK
		SWELLING OF HANDS AND FEET.....	1	2	9	1	2	9
		PALENESS.....	1	2	9	1	2	9
		VISUAL DISTURBANCES.....	1	2	9	1	2	9
		BLEEDING.....	1	2	9	1	2	9
		CONVULSIONS.....	1	2	9	1	2	9
		WEAK OR NO MOVEMENT OF FOETUS.....	1	2	9	1	2	9
		ABNORMAL POSITION OF FOETUS..	1	2	9	1	2	9
		DELIVERY						
		PREMATURE LABOUR.....	1	2	9	1	2	9
		PROLONGED LABOUR..... (More than 12 hours)	1	2	9	1	2	9
		BREECH PRESENTATION	1	2	9	1	2	9
		POST DELIVERY/ABORTION						
		HIGH FEVER	1	2	9	1	2	9
		LOWER ABDOMINAL PAIN	1	2	9	1	2	9
		FOUL SMELLING VAGINAL DISCHARGE	1	2	9	1	2	9
		EXCESSIVE BLEEDING.....	1	2	9	1	2	9
		DIZZINESS.....	1	2	9	1	2	9
		SEVER HEADACHE.....	1	2	9	1	2	9

Q141	(If abortion/post abortion death), Was the abortion induced or spontaneous (ಗರ್ಭಪಾತ/ಗರ್ಭಪಾತದ ನಂತರ ಸತ್ತಿದ್ದರೆ), ಆ ಸತ್ತ ವ್ಯಕ್ತಿ ಗರ್ಭಪಾತ ಮಾಡಿಸಿ ಮಾಡಿಸಿಕೊಂಡಿದ್ದರೇ ಅಥವಾ ಅವರಿಗೆ ತಾನಾಗಿಯೇ ಗರ್ಭಪಾತವಾಗಿತ್ತೇ?	INDUCED..... 1 SPONTANEOUS..... 2 DO NOT KNOW..... 3	1 2 3	
Q142	We would like to check whether the salt used in HH is iodized. May I see a sample of the salt used in last night food in your HH ಕಳೆದ ರಾತ್ರಿ ಮನೆಯಲ್ಲಿ ಅಡಿಗೆಗೆ ಉಪಯೋಗಿಸಿದ ಉಪ್ಪನ್ನು ನೋಡಬಹುದೇ?	RECORD TEST OUTCOME AS PER CODE Iodized (15ppm+) ..... 1 Iodized (7ppm) ..... 2 Not Iodized ..... 3 No salt at home ..... 4 Salt not tested ..... 5 Refused 6		
Q143	RECORD THE TIME	HOURS ☐☐ MINUTES ☐☐		

DISTRICT LEVEL HOUSEHOLD SURVEY
REPRODUCTIVE AND CHILD HEALTH (RCH)
Round II, Phase- II, 2003-2004

Confidential for research purpose only

WOMAN'S QUESTIONNAIRE

IDENTIFICATION

STATE _____

DISTRICT _____

TAHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK _____

PSU (VILLAGE/URBAN WARD/UFS) _____

VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK _____

TYPE OF LOCALITY: RURAL.....1 URBAN.....2

HEAD OF THE HOUSEHOLD

NAME _____

ADDRESS _____

_____

_____

NAME OF THE ELIGIBLE WOMAN _____

SERIAL NUMBER OF THE VILLAGE QUESTIONNAIRE _____

SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE _____

SERIAL NUMBER OF WOMAN'S QUESTIONNAIRE _____

SERIAL NUMBER OF HUSBAND'S QUESTIONNAIRE _____

(TO BE ENTERED AT OFFICE)

INTERVIEW DATE — DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]

NUMBER OF VISITS MADE [ ]

	SPOT CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY
NAME				
DATE				

_____

NAME OF THE INVESTIGATOR

_____

SIGNATURE OF THE INVESTIGATOR

SECTION - I

WOMAN'S CHARACTERISTICS

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
100A	LINE NUMBER OF THE WOMAN IN HH QUESTIONNAIRE ಕು.ಮಾ. ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಅರ್ಹ ಮಹಿಳೆಯ ಕ್ರಮಸಂಖ್ಯೆ	☐☐	
100B	LINE NUMBER OF THE HUSBAND IN HH QUESTIONNAIRE ಕು.ಮಾ. ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಗಂಡನ ಕ್ರಮಸಂಖ್ಯೆ	☐☐	
Q 101	How old are you ? ನಿಮ್ಮ ವಯಸ್ಸೆಷ್ಟು?	AGE IN COMPLETED YEARS ☐☐	
Q 102	Can you read and write ? ನಿಮಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತ್ತದೆಯೇ?	YES..... 1 NO..... 2	→ Q104
Q 103	How many years of schooling have you completed ? ನೀವು ಎಷ್ಟನೇ ತರಗತಿಯವರೆಗೆ ಕಲಿತಿದ್ದೀರಿ?	YEARS ☐☐	
Q 104	Can your husband read and write? ನಿಮ್ಮ ಗಂಡನಿಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತ್ತದೆಯೇ?	YES ..... 1 NO ..... 2 DO NOT KNOW..... 9	→ Q106
Q 105	How many years of schooling has he completed? ಅವರು ಎಷ್ಟನೇ ತರಗತಿಯವರೆಗೆ ಕಲಿತಿದ್ದಾರೆ?	YEARS ☐☐ DO NOT KNOW..... 99	
Q 106	How old were you when you started living with your husband? ನೀವು ಗಂಡನ ಜೊತೆಯಲ್ಲಿ ವಾಸಮಾಡಲು ಪ್ರಾರಂಭ ಮಾಡಿದಾಗ ನಿಮ್ಮ ವಯಸ್ಸೆಷ್ಟಿತ್ತು?	AGE IN COMPLETED YEARS ☐☐	
Q 107	**Now I would like to ask about all the live births you have duirng your life.** Have you ever given birth? **(INCLUDE ONLY BIOLOGICAL CHILDREN)** ನಾನೀಗ ನಿಮಗೆ ಜೀವಂತವಾಗಿ ಹುಟ್ಟಿರುವ ಎಲ್ಲಾ ಮಕ್ಕಳ ಬಗ್ಗೆ ಕೆಲವು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳುತ್ತೇನೆ. ನೀವು ಎಂದಾದರೂ ಮಕ್ಕಳನ್ನು ಹಡೆದಿದ್ದೀರಾ? (ಜೈವಿಕವಾಗಿ ಹಡೆದ ಮಕ್ಕಳನ್ನು ಮಾತ್ರ ಸೇರಿಸಿ)	YES..... 1 NO..... 2	→ Q121
Q 108	Do you have any sons or daughters to whom you have given birth who are now living with you? ನಿಮ್ಮ ಯಾವುದೇ ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು ಮಕ್ಕಳು ನಿಮ್ಮೊಂದಿಗೆ ವಾಸವಾಗಿದ್ದಾರೆಯೇ?	YES..... 1 NO 2	→ Q110
Q 109	How many sons live with you ? And how many daughters live with you? **If NONE, RECORD '00'** ನಿಮ್ಮ ಜೊತೆಯಲ್ಲಿ ವಾಸ ಮಾಡುತ್ತಿರುವ ಗಂಡು ಮಕ್ಕಳೆಷ್ಟು? ಮತ್ತು ಹೆಣ್ಣು ಮಕ್ಕಳೆಷ್ಟು? (ಇಲ್ಲ ಎಂದರೆ '೦೦' ದಾಖಲಿಸಿ)	SONS AT HOME ☐☐ DAUGHTERS AT HOME ☐☐	
Q 110	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? ನಿಮ್ಮ ಯಾವುದೇ ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು ಮಕ್ಕಳು ನಿಮ್ಮ ಜೊತೆಯಲ್ಲಿ ವಾಸಮಾಡದೇ ಬೇರೆ ಕಡೆ ಇದ್ದಾರೆಯೇ?	YES ..... 1 NO..... 2	→ Q112

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q111	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? **If NONE, RECORD '00'** ನಿಮ್ಮೊಂದಿಗೆ ವಾಸಿಸದ ಜೀವಂತ ಗಂಡು ಮಕ್ಕಳೆಷ್ಟು? ನಿಮ್ಮೊಂದಿಗೆ ವಾಸಿಸದ ಜೀವಂತ ಹೆಣ್ಣು ಮಕ್ಕಳೆಷ್ಟು? (ಇಲ್ಲ ಎಂದರೆ '೦೦' ದಾಖಲಿಸಿ)	SONS ELSEWHERE ☐☐ DAUGHTERS ELSEWHERE ☐☐	
Q 112	Have you ever given birth to a boy or a girl who was born alive but later died? **If No, PROBE : ANY ONLY SURVIVED A FEW HOURS OR DAYS.** ನೀವು ಹಡೆದ ಯಾವುದೇ ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು ಮಗು ಜೀವಂತವಾಗಿ ಹುಟ್ಟಿ ನಂತರ ಸತ್ತು ಹೋಗಿದೆಯೇ? (ಸತ್ತಿಲ್ಲದಿದ್ದರೆ, ವಿವರವಾಗಿ ಅವರಿಗೆ ತಿಳಿಸಿ ಹೇಳಿ: ನಿಮ್ಮ ಯಾವುದೇ ಮಗು ಹುಟ್ಟಿ ಸ್ವಲ್ಪ ಸಮಯ ಅಥವಾ ದಿನಗಳವರೆಗೆ ಬದುಕಿತ್ತೇ?)	YES..... 1 NO..... 2 →	Q114
Q 113	In all, how many boys have died? And how many girls have died? **IF NONE, RECORD '00'** ಒಟ್ಟಿನಲ್ಲಿ ಎಷ್ಟು ಗಂಡು ಮಕ್ಕಳು ಸತ್ತಿವೆ? ಮತ್ತು ಎಷ್ಟು ಹೆಣ್ಣು ಮಕ್ಕಳು ಸತ್ತಿವೆ? (ಇಲ್ಲ ಎಂದರೆ '೦೦' ದಾಖಲಿಸಿ)	BOYS DIED ☐☐ GIRLS DIED ☐☐	

Now I would like to talk to you about all the births in your lifetime, whether currently alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE LIVE BIRTHS IN 114 RECORD TWINS AND TRIPLETS ON SEPARATE LINES

ನಿಮಗೆ ಹುಟ್ಟಿದ ಮೊದಲನೆಯ ಮಗುವಿನಿಂದ ಪ್ರಾರಂಭಿಸಿ, ನಿಮ್ಮ ಜೀವನದಲ್ಲಿ ಹುಟ್ಟಿದ ಸದ್ಯ ಜೀವಂತವಾಗಿರುವ ಅಥವಾ ಜೀವಂತವಿರದ ಎಲ್ಲಾ ಮಕ್ಕಳ ಬಗ್ಗೆ ನಾನೀಗ ಮಾತನಾಡಲು ಬಯಸುತ್ತೇನೆ.

ಜೀವಂತವಾಗಿ ಹುಟ್ಟಿದ ಎಲ್ಲಾ ಮಕ್ಕಳ ಹೆಸರುಗಳನ್ನು ಪ್ರ 114ರಲ್ಲಿ ಬರೆಯಿರಿ. ಅವಳಿ ಮತ್ತು ತ್ರಿವಳಿ ಮಕ್ಕಳ ಹೆಸರುಗಳನ್ನು ಪ್ರತ್ಯೇಕ ಸಾಲುಗಳಲ್ಲಿ ಬರೆಯಿರಿ

Q114 What name was given to your (first, next) baby? ನಿಮ್ಮ (ಮೊದಲನೆ/ನಂತರದ) ಮಗುವಿನ ಹೆಸರೇನು?	Q115 Was (his/her) birth single or multiple? ಅವನು?ಅವಳು ಒಂದೇ ಹುಟ್ಟಿದ್ದೇ ಅಥವಾ ಅವಳೇ ಜವಳಿಯೇ? SINGLE=1 MULTIPLE=2	Q116 Is (NAME) a boy or a girl? ಈ ಮಗು (ಹೆಸರು) ಗಂಡೋ/ಹೆಣ್ಣೋ? BOY = 1 GIRL=2	Q117 In what month and year was (Name)born?Probe: What is his/her birth date (ಹೆಸರು) ಹುಟ್ಟಿದ ತಿಂಗಳು ಮತ್ತು ವರ್ಷ ಯಾವುದು? ತಿಳಿಸಿ ಕೇಳಿ: ಇವನು/ಇವಳು ಹುಟ್ಟಿದ ದಿನಾಂಕ ಯಾವುದು?	Q118 What was your age at the time of (Name)'s birth? (ಹೆಸರು) ಹುಟ್ಟಿದಾಗ ನಿಮ್ಮ ವಯಸ್ಸೆಷ್ಟಿತ್ತು?	Q119 Is (NAME) still alive? (ಹೆಸರು) ಸದ್ಯ ಜೀವಂತವಾಗಿ ಇರುವನೇ/ ಇರುವಳೇ?	Q120 If DEAD How old was (NAME) when he/she died? If "1year", PROBE: How many months old was (Name)? **RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS** ಸತ್ತಿದ್ದರೆ, ಸತ್ತಾಗ (ಹೆಸರು) ಅವನ/ಅವಳ ವಯಸ್ಸೆಷ್ಟಿತ್ತು? 1 ವರ್ಷ ಎಂದರೆ, ಪ್ರನ: ಪ್ರಶ್ನಿಸಿ: ಸತ್ತಾಗ (ಹೆಸರು) ಎಷ್ಟು ತಿಂಗಳು ಮಗುವಾಗಿತ್ತು? 1 ತಿಂಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ದಿನಗಳು, 2 ವರ್ಷಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ತಿಂಗಳು, ಅಥವಾ ವರ್ಷಗಳನ್ನು ದಾಖಲಿಸಿ	
1) _____ (NAME)	☐	☐	MONTH ☐☐ YEAR ☐☐☐☐	AGE IN YEARS ☐☐	YES... 1 Go to next birth NO..... 2 ↓ Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS ☐☐ ☐☐ ☐☐
2) _____ (NAME)	☐	☐	MONTH ☐☐ YEAR ☐☐☐☐	AGE IN YEARS ☐☐	YES... 1 Go to next birth NO..... 2 ↓ Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS ☐☐ ☐☐ ☐☐
3) _____ (NAME)	☐	☐	MONTH ☐☐ YEAR ☐☐☐☐	AGE IN YEARS ☐☐	YES... 1 Go to next birth NO..... 2 ↓ Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS ☐☐ ☐☐ ☐☐
4) _____ (NAME)	☐	☐	MONTH ☐☐ YEAR ☐☐☐☐	AGE IN YEARS ☐☐	YES... 1 Go to next birth NO..... 2 ↓ Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS ☐☐ ☐☐ ☐☐

Q114 What name was given to your (next) baby? ನಿಮ್ಮ(ನಂತರದ) ಮಗುವಿನ ಹೆಸರೇನು?	Q115 Was (his/her) birth single or multiple? ಅವನು?ಅವಳು ಒಂದೇ ಹುಟ್ಟಿದ್ದೇ ಅಥವಾ ಅವಳೇ ಜವಳಿಯೇ? SINGLE=1 MULTIPLE=2	Q116 Is (NAME) a boy or a girl? ಈ ಮಗು (ಹೆಸರು) ಗಂಡೋ/ಹೆಣ್ಣೋ? BOY = 1 GIRL=2	Q117 In what month and year was (Name)born?Probe: What is his/her birth date (ಹೆಸರು) ಹುಟ್ಟಿದ ತಿಂಗಳು ಮತ್ತು ವರ್ಷ ಯಾವುದು? ತಿಳಿಸಿ ಕೇಳಿ: ಇವನು/ಇವಳು ಹುಟ್ಟಿದ ದಿನಾಂಕ ಯಾವುದು?	Q118 What was your age at the time of (Name)'s birth? (ಹೆಸರು) ಹುಟ್ಟಿದಾಗ ನಿಮ್ಮ ವಯಸ್ಸೆಷ್ಟಿತ್ತು?	Q119 Is (NAME) still alive? (ಹೆಸರು) ಸದ್ಯ ಜೀವಂತವಾಗಿ ಇರುವನೇ/ ಇರುವಳೇ?	Q120 If DEAD How old was (NAME) when he/she died? If "1year", PROBE: How many months old was (Name)? **RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS** ಸತ್ತಿದ್ದರೆ, ಸತ್ತಾಗ (ಹೆಸರು) ಅವನ/ಅವಳ ವಯಸ್ಸೆಷ್ಟಿತ್ತು? 1 ವರ್ಷ ಎಂದರೆ, ಪುನ: ಪ್ರಶ್ನಿಸಿ: ಸತ್ತಾಗ (ಹೆಸರು) ಎಷ್ಟು ತಿಂಗಳು ಮಗುವಾಗಿತ್ತು? 1 ತಿಂಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ದಿನಗಳು, 2 ವರ್ಷಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ತಿಂಗಳು, ಅಥವಾ ವರ್ಷಗಳನ್ನು ದಾಖಲಿಸಿ	
5) _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS
6) _____ _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS
7) _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS
8) _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS

Q114 What name was given to your (first, next) baby? ನಿಮ್ಮ(ನಂತರದ) ಮಗುವಿನ ಹೆಸರೇನು?	Q115 Was(his/her) a single or multiple birth? ಅವನು?ಅವಳು ಒಬ್ಬನೇ/ ಒಬ್ಬಳೇ ಹುಟ್ಟಿದ್ದಾ/ ಅವಳೇ ಜವಳಿಯೇ? SINGLE=1 MULTIPLE=2	Q116 Is (NAME) a boy or a girl? ಈ ಮಗು (ಹೆಸರು) ಗಂಡೋ/ಹೆಣ್ಣೋ? BOY = 1 GIRL=2	Q117 In what month and year was (Name)born?Probe: What is his/her birth date (ಹೆಸರು) ಹುಟ್ಟಿದ ತಿಂಗಳು ಮತ್ತು ವರ್ಷ ಯಾವುದು) ತಿಳಿಸಿ ಕೇಳಿ: ಇವನು/ಇವಳು ಹುಟ್ಟಿದ ದಿನಾಂಕ ಯಾವುದು?	Q118 What was your age at the time of (Name)'s birth? (ಹೆಸರು) ಹುಟ್ಟಿದಾಗ ನಿಮ್ಮ ವಯಸ್ಸೆಷ್ಟಿತ್ತು?	Q119 Is (NAME) still alive? (ಹೆಸರು) ಜೀವಂತವಾಗಿ ಇರುವನೇ/ ಇರುವಳೇ?	Q120 If DEAD How old was (NAME) when he/she died? If "1year", PROBE: How many months old was (Name)? **RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS** ಸತ್ತಿದ್ದರೆ, ಸತ್ತಾಗ (ಹೆಸರು) ಅವನ/ಅವಳ ವಯಸ್ಸೆಷ್ಟಿತ್ತು? 1 ವರ್ಷ ಎಂದರೆ ಪುನ: ಪ್ರಶ್ನಿಸಿ: ಸತ್ತಾಗ (ಹೆಸರು) ಎಷ್ಟು ತಿಂಗಳು ಮಗುವಾಗಿತ್ತು? 1 ತಿಂಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ದಿನಗಳು, 2 ವರ್ಷಗಳಿಗಿಂತ ಕಡಿಮೆ ಇದ್ದರೆ ತಿಂಗಳು, ಅಥವಾ ವರ್ಷಗಳನ್ನು ದಾಖಲಿಸಿ)	
9 _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS
10 _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS
11 _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to next birth NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS
12 _____ (NAME)			MONTH YEAR	AGE IN YEARS	YES... 1 Go to Q.121 NO..... 2 Q120	DAYS..... 1 MONTHS... 2 YEARS..... 3	DAYS MONTHS YEARS

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.121	(Besides these live births) did you have any pregnancy which terminated in to still birth? If yes, how many? ಜೀವಂತ ಜನನಗಳನ್ನು ಬಿಟ್ಟು ಎಂದಾದರೂ ನಿಮಗೆ ಗರ್ಭಪಾತವಾಗಿತ್ತೆ ಅಥವಾ ಹೊಟ್ಟೆಯಲ್ಲೇ ಸತ್ತ ಮಗುವಿನ ಜನನವಾಗಿತ್ತೇ	NO..... 0 YES, NUMBER..... ☐	
Q.122	Did any of your pregnancy terminate into induced or spontaneous abortion? If yes, How many? ನಿಮ್ಮ ಯಾವುದೇ ಗರ್ಭವನ್ನು ನೀವಾಗಿಯೇ ತೆಗೆಸಿ ಕೊಂಡಿದ್ದೀರಾ ಅಥವಾ ಅದಾಗಿಯೇ ಗರ್ಭಪಾತವಾಗಿತ್ತೇ ಹೌದಾದರೆ, ಅವುಗಳ ಸಂಖ್ಯೆ ಎಷ್ಟು?	NO..... 0 INDUCED ABORTION..... ☐ SPONTANEOUS ABORTION ☐	

IF 'NO' FOR Q 121 & 122, GO TO Q 124

ಪ್ರ 121 ಮತ್ತು ಪ್ರ 122 ರಲ್ಲಿ ಉತ್ತರ 'ಇಲ್ಲ' ಎಂದು ಬಂದಿದ್ದರೆ ಪ್ರ 124 ಕ್ಕೆ ಹೋಗಿ

Q123	How Many of these still births or abortions occur after January 1, 2001? ಜನವರಿ 1,2001 ರಿಂದ ಎಷ್ಟು ಹೊಟ್ಟೆಯಲ್ಲೇ ಸತ್ತು ಹುಟ್ಟಿದ ಮಕ್ಕಳ ಜನನವಾಗಿದೆ ಅಥವಾ ಗರ್ಭಪಾತವಾಗಿದೆ?	STILL BIRTH ☐ INDUCED ABORTION ☐ SPONTANEOUS ABORTION ☐	
Q124	So in all (add numbers in Q109,Q111,Q113,Q121 and Q122) You were pregnant_____times. Am I correct? ಈ ಎಲ್ಲ ಪ್ರಶ್ನೆಗಳನ್ನು ಒಟ್ಟಿಗೆ (ಪ್ರ109, ಪ್ರ111, ಪ್ರ113, ಪ್ರ121 ಮತ್ತು ಪ್ರ 122) ಕ್ರೋಢೀಕರಿಸಿ ನೋಡಿ. ನೀವು ಒಟ್ಟು ಎಷ್ಟು ಸಾರಿ ..... ಗರ್ಭವತಿಯಾಗಿದ್ದೀರಿ? ಇದು ಸರಿಯೇ? **(EXCLUDE CURRENT PREGNANCY, IF ANY)** (ಪ್ರಸ್ತುತ ಗರ್ಭಧರಿಸಿದ್ದರೆ, ಅದನ್ನು ಹೊರತುಪಡಿಸಿ/ಬಿಟ್ಟು)	Yes.....1 No.....2 (If No, check inconsistency and correct)	

SECTION - II

ANTE-NATAL, NATAL AND POST-NATAL CARE

(FOR WOMEN WHO HAD LIVE BIRTH / STILL BIRTH / SPONTANEOUS ABORTION / INDUCED ABORTION, SINCE JAN. 1, 2001)

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q201	When was your last child birth/still birth/ spontaneous abortion/induced abortion ? **(EXCLUDING CURRENT PREGNANCY, IF ANY)** ನಿಮ್ಮ ಕೊನೆಯ ಮಗು ಹುಟ್ಟಿದ್ದು/ಹೊಟ್ಟೆಯಲ್ಲಿ ಸತ್ತು ಹುಟ್ಟಿದ್ದು/ಗರ್ಭ ತೆಗೆಸಿಕೊಂಡಿದ್ದು ಯಾವಾಗ (ಈ ಪ್ರಸ್ತುತ ಗರ್ಭಧರಿಸಿದ್ದರೆ, ಅದನ್ನು ಹೊರತುಪಡಿಸಿ/ಬಿಟ್ಟು)	NO PREGNANCY ..... 0 2000 OR BEFORE..... 1 2001..... 2 2002..... 3 2003..... 4 2004..... 5	→ SEC IV
Q202	What was the outcome of your last pregnancy ? ನಿಮ್ಮ ಕೊನೆಯ ಗರ್ಭ ಯಾವುದಾಗಿತ್ತು?	LIVE BIRTH..... 1 STILL BIRTH..... 2 INDUCED ABORTION ..... 3 SPONTANEOUS ABORTION 4	→ Q213 → Q206
Q203	If induced abortion, where was the abortion performed? ಗರ್ಭಪಾತ ಮಾಡಿಸಿಕೊಂಡಿದ್ದರೆ, ಎಲ್ಲಿ ಗರ್ಭಪಾತ ಮಾಡಿಸಿಕೊಂಡಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./ MUNICIPAL HOSPITAL.. 1 2 GOVT. DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC. 1 2 GOVT.ISM HOSPITAL/CLINIC.... 1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC..... 1 2 HOME..... 1 2 OTHER _____ 1 2 (SPECIFY)	
Q204	Who performed the abortion? ಯಾರ ಹತ್ತಿರ ಗರ್ಭಪಾತ ಮಾಡಿಸಿಕೊಂಡಿರಿ?	DOCTOR.....1 ANM/NURSE/MIDWIFE/LHV..... 2 TRAINED DAI.....3 UNTRAINED DAI..... 4 OTHER.....5 (SPECIFY)	
Q205	Why did you abort the pregnancy? ಯಾಕೆ ಗರ್ಭಪಾತ ಮಾಡಿಸಿಕೊಂಡಿರಿ? **(RECORD THE MOST IMPORTANT REASON)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಅತಿ ಮುಖ್ಯವಾದ ಕಾರಣವನ್ನು ಮಾತ್ರ ದಾಖಲಿಸಿ)	UNPLANNED PREGNANCY..... 1 DUE TO CONTRACEPTIVE FAILURE/ ACCIDENTAL PREGNANCY.....2 COMPLICATION IN PREGNANCY.....3 HEALTH DID NOT PERMIT.....4 FEMALE FOETUS.....5 ECONOMIC REASON.....6 LAST CHILD TOO YOUNG .....7 OTHER.....8 (SPECIFY)	
Q206	At what month of pregnancy did it happen? ಎಷ್ಟು ತಿಂಗಳ ಗರ್ಭಿಣಿ ಯಾಗಿದ್ದಾಗ ಗರ್ಭಪಾತವಾಯಿತು?	MONTH ☐	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q207	Did you go for sonography or amniocentesis before this abortion ? ಗರ್ಭಪಾತಕ್ಕೆ ಮೊದಲು ನೀವು ಸೋನೋಗ್ರಾಫಿ ಅಥವಾ ಆ್ಯಮ್ನಿಯೋಸೆಂಟಿಸಿಸ್ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿದ್ದೀರಾ?	YES, SONOGRAPHY.....1 YES, AMNIOCENTESIS.....2 YES, BOTH.....3 NONE.....4	
Q208	Did you have any health problem after abortion (within 6 weeks of abortion)? ಗರ್ಭಪಾತವಾದ ನಂತರ (೬ ವಾರದೊಳಗೆ) ನಿಮಗೇನಾದರೂ ಆರೋಗ್ಯದ ತೊಂದರೆಯಾಗಿತ್ತೇ?	YES .....1 NO 2	→ Section III
Q209	If yes, what was the health problem? ಹೌದಾದರೆ, ಯಾವ ತರಹದ (ಆರೋಗ್ಯದ) ತೊಂದರೆಯಾಗಿತ್ತು? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ಉತ್ತರವನ್ನು ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO 1. EXCESSIVE BLEEDING..... 1 2 2. HIGH FEVER.....1 2 3. FOUL SMELLING DISCHARGE.....1 2 4. PAIN IN LOWER ABDOMEN.....1 2 5. CONVULSION.....1 2 6. SEVERE HEADACHE.....1 2 7. OTHER _____ 1 2 (SPECIFY)	
Q210	Did you consult anybody or did you seek treatment for the health problem? ನೀವು ಈ ತೊಂದರೆಗೆ ಯಾರಿಂದಲಾದರೂ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಾ?	YES ..... 1 NO 2	→ Section III
Q211	If yes, where did you go for consultation or treatment? ಹೌದಾದರೆ, ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL.. 1 2 GOVT. DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC.....1 2 SUB CENTRE.....1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT. ISM HOSPITAL/CLINIC.. 1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC..... 1 2 CHEMIST/MEDICAL SHOP..... 1 2 OTHER.....1 2 (SPECIFY)	
Q212	Whom did you consult or from whom did you seek treatment? ಯಾರನ್ನು ಭೇಟಿ ಮಾಡಿದ್ದೀರಿ? ಅಥವಾ ಯಾರಿಂದ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAI..... 3 UNTRAINED DAI..... 4 RELATIVES/FRIENDS.....5 HOME REMEDY..... 6 CHEMIST/MEDICAL SHOP..... 7 ISM.....8 OTHER.....9 (SPECIFY)	→

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	ANC INFORMATION FOR WOMEN WITH LIVE BIRTH OR STILL BIRTH		
Q213	When you were pregnant with (NAME/THE STILLBORN CHILD), did you go for an antenatal check-up? ನೀವು ಗರ್ಭಿಣಿಯಾಗಿದ್ದಾಗ (ಹೆಸರು) (ಜೀವಂತ/ಹೊಟ್ಟೆಯಲ್ಲಿ ಸತ್ತು ಹುಟ್ಟಿದ ಮಗು) ಗರ್ಭಿಣಿ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಂಡಿದ್ದಿರಾ?	YES.....1 NO.....2	→Q218
Q214	If yes, where did you go? ಹೌದಾದರೆ, ಎಲ್ಲಿ ಮಾಡಿಸಿಕೊಂಡಿದ್ದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಶಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL..... 1 2 GOVT. DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC... 1 2 GOVT.ISM HOSPITAL/CLINIC..... 1 2 PRIVATE ISM HOSPITAL/CLINIC.. 1 2 PRIVATE HOSPITAL/CLINIC..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q215	Who did your check-ups? ನಿಮ್ಮನ್ನು ಪರೀಕ್ಷಿಸಿದವರು ಯಾರು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ವ್ಯಕ್ತಿಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO DOCTOR..... 1 2 ANM/NURSE/MIDWIFE/LHV..... 1 2 OTHER HEALTH PROFSSNL.... 1 2 TRAINED DAI..... 1 2 UNTRAINED DAI..... 1 2 OTHER_____ 1 2 (SPECIFY)	
Q216	In which month of pregnancy did you visit first? ಮೊದಲನೆ ಸಾರಿ ಭೇಟಿಯಾದಾಗ ನೀವು ಎಷ್ಟು ತಿಂಗಳ ಗರ್ಭಿಣಿ ಇದ್ದಿರಿ?	MONTHS..... ☐	
Q217	During entire pregnancy period how many times did you visit the health facility for antenatal checkups? ಗರ್ಭಿಣಿಯ ಸಮಯದಲ್ಲಿ ಗರ್ಭಿಣಿ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ನೀವು ಎಷ್ಟು ಸಾರಿ ಆಸ್ಪತ್ರೆಗೆ ಭೇಟಿ ಕೊಟ್ಟಿದ್ದಿರಿ?	NUMBER..... ☐	
Q218	When you were pregnant with (NAME/STILL BORN CHILD), did any health worker visit you at home for an antenatal check-up? ನೀವು ಗರ್ಭಿಣಿ ಇದ್ದಾಗ (ಹೆಸರು ಜೀವಂತ/ಸತ್ತು ಹುಟ್ಟಿದ ಮಗು) ಯಾರಾದರೂ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ನಿಮ್ಮನ್ನು ಪರೀಕ್ಷಿಸಲು ಬಂದಾಗ ನೀವು ಎಷ್ಟು ತಿಂಗಳ ಗರ್ಭಿಣಿಯಾಗಿದ್ದಿರಿ?	YES.....1 NO.....2	→Q221
Q219	How many months pregnant were you when ANM/health worker first visited you for an antenatal chek up? ಎ.ಎನ್.ಎಂ/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಮೊದಲನೆಯ ಸಾರಿ ನಿಮ್ಮನ್ನು ಪರೀಕ್ಷಿಸಲು ಬಂದಾಗ ನೀವು ಎಷ್ಟು ತಿಂಗಳ ಗರ್ಭಿಣಿಯಾಗಿದ್ದಿರಿ?	MONTHS..... ☐	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q220	How many times did she visit you for antenatal check-ups during this pregnancy? ಈ ಗರ್ಭಿಣಿಯ ಅವಧಿಯಲ್ಲಿ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತ ನಿಮ್ಮನ್ನು ಪರೀಕ್ಷೆ ಮಾಡಲು ಎಷ್ಟು ಸಾರಿ ಭೇಟಿ ಕೊಟ್ಟಿದ್ದರು?	NUMBER..... ☐	
Q221	Did you have the following performed at least once during this pregnancy? ಈ ಗರ್ಭಿಣಿಯ ಅವಧಿಯಲ್ಲಿ ಕೊನೇ ಪಕ್ಷ ಒಂದುಸಾರಿಯಾದರೂ ಕೆಳಕಂಡ ಪರೀಕ್ಷೆಗಳನ್ನು ಮಾಡಿಸಿದ್ದಿರಾ? **(ASK ABOUT EACH SEPERATELY)** (ಪ್ರಶ್ನಾವಳಿಅಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ಪರೀಕ್ಷೆಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO WEIGHT.....1 2 HEIGHT.....1 2 BLOOD PRESSURE..... ...1 2 BLOOD TEST.....1 2 URINE TEST.....1 2 ABDOMEN EXAMINED..... 1 2 INTERNAL EXAMINATION.... 1 2 BREAST EXAMINED.....1 2 X-RAY..... .....1 2 SONOGRAM/ULTRASOUND..... 1 2 AMNIOCENTESIS..... 1 2	
	Weight measured?ತೂಕ ಪರೀಕ್ಷೆ Height measured?ಎತ್ತರ Blood pressure checked?ರಕ್ತದೊತ್ತಡ ಪರೀಕ್ಷೆ Blood Test?ರಕ್ತ ಪರೀಕ್ಷೆ Urine Test? ಮೂತ್ರ ಪರೀಕ್ಷೆ Abdomen examined? ಹೊಟ್ಟೆ ಪರೀಕ್ಷೆ Internal examined?ಅಂತರಿಕ ಪರೀಕ್ಷೆ Breast examined?ಸ್ತನ ಪರೀಕ್ಷೆ X-ray? ಕ್ಷ-ಕಿರಣ ಪರೀಕ್ಷೆ Sonogram or ultrasound?ಸೋನೋಗ್ರಾಮ್ ಅಥವಾ ಅಲ್ಟ್ರಾಸೌಡ್ ಪರೀಕ್ಷೆ Amniocentesis?ಆಮ್ನಿಯೋಸೆಂಟಿಸಿಸ್ ಪರೀಕ್ಷೆ		
Q222	Did you receive advice on any of the following at least once during your this pregnancy: ನಿಮ್ಮ ಈ ಗರ್ಭಿಣಿಯ ಅವಧಿಯಲ್ಲಿ ಕೊನೇ ಪಕ್ಷ ಒಂದು ಸಾರಿಯಾದರೂ ಈ ಕೆಳಕಂಡ ಯಾವುದಾದರೂ ಸಲಹೆಗಳನ್ನು ಪಡೆದುಕೊಂಡಿದ್ದಿರಾ? Diet?ಆಹಾರ ಕ್ರಮ Danger signs of pregnancy? ಅಪಾಯಕಾರಿ ಗರ್ಭಧಾರಣೆಯ ಚಿಹ್ನೆಗಳು? Delivery Care? ಹೆರಿಗೆ ಆರೈಕೆ ? Breast Feeding? ಎದೆ ಹಾಲು ಕೊಡುವುದು? Newborn care?ನವಜಾತ ಶಿಶುವಿನ ಆರೈಕೆ? Family Planning?ಕುಟುಂಬ ಯೋಜನೆ? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ಸಲಹೆಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO DIET.....1 2 DANGER SIGNS.....1 2 DELIVERY CARE..... 1 2 BREAST FEEDING..... 1 2 NEW BORN CARE..... 1 2 FAMILY PLANNING..... 1 2	
Q223	(FOR THOSE WOMEN WHO SAID NO FOR Q 213 & 218) (ಪ್ರ 213 ಮತ್ತು ಪ್ರ 218ರಲ್ಲಿ ಕೇಳಿದ ಪ್ರಶ್ನೆಗಳಿಗೆ "ಇಲ್ಲ" ಎಂದು ಉತ್ತರಿಸಿದೆ ಮಹಿಳೆಯರಿಗಾಗಿ) Why did you not go for an antenatal check-up? ನೀವು ಗರ್ಭಿಣಿ ಪರೀಕ್ಷೆ ಏಕೆ ಮಾಡಿಸಿಕೊಳ್ಳಲಿಲ್ಲ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಕಾರಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO NOT NECESSARY..... 1 2 NOT CUSTOMARY..... 1 2 COSTS TOO MUCH..... 1 2 TOO FAR/NO TRANSPORT... 1 2 POOR QUALITY SERVICE..... 1 2 NO TIME TO GO.....1 2 FAMILY DID NOT ALLOW..... 1 2 LACK OF KNOWLEDGE.....1 2 OTHER_____ 1 2 (SPECIFY)	
Q224	Were you given Iron and Folic Acid (IFA) tablets/syrup during pregnancy? ನೀವು ಗರ್ಭಿಣಿಯಾಗಿದ್ದಾಗ ಎಷ್ಟು ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು/ ಚಮಚಗಳಷ್ಟು ಸಿರಪ್‌ನ್ನು ತೆಗೆದುಕೊಳ್ಳುತ್ತಿದ್ದಿರಿ?	YES .....1 NO ..... 2 →	Q228

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q225	How many tablets of IFA / tablespoons of syrup in a day were you taking regularly ? ಪ್ರತಿದಿನ ನೀವು ಎಷ್ಟುಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು/ ಚಮಚಗಳಷ್ಟು ಸಿರಪ್‌ನ್ನು ತೆಗೆದುಕೊಳ್ಳುತ್ತಿದ್ದಿರಿ?	NOT TAKEN AT ALL..... 0 NUMBER TAKEN ☐☐	→ Q227
Q226	How many tablets did you take during entire pregnancy period ? ನಿಮ್ಮ ಈ ಗರ್ಭಿಣಿಯ ಅವಧಿಯಲ್ಲಿ ಎಷ್ಟು ಮಾತ್ರೆಗಳನ್ನು ತೆಗೆದುಕೊಂಡಿದ್ದಿರಿ?	NUMBER ☐☐☐ BOTTLES ☐☐☐	
Q227	From where did you get IFA tablets? ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು ಎಲ್ಲಿಂದ ಪಡೆದು ಕೊಂಡಿರಿ? **(DO NOT READ OUT THE OPTIONS)** ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL..... 1 2 GOVT. DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT.ISM HOSPITAL/CLINIC.. 1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC..... 1 2 CHEMIST / PHARMACY..... 1 2 HOME (Health Worker)..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q228	Were you given an injection in the arm during pregnancy to prevent Tetanus? ಗರ್ಭಿಣಿ ಸಮಯದಲ್ಲಿ ತೋಳಿಗೆ ಹಾಕುವ ಧನುರ್ವಾಯು ನಿರೋಧಕ ಚುಚ್ಚು ಮದ್ದು ಕೊಟ್ಟಿರುವರೇ?	YES..... 1 NO..... 2	→ Q230
Q229	If yes, how many times did you take Tetanus injection? ಹೌದಾದರೆ, ಧನುರ್ವಾಯು ನಿರೋಧಕ ಚುಚ್ಚು ಮದ್ದನ್ನು ಎಷ್ಟು ಸಲ ತೆಗೆದುಕೊಂಡಿದ್ದಿರಿ?	NUMBER ☐☐ DO NOT REMEMBER.....9	
Q230	During your pregnancy did you suffer from any of the following health problems? ನೀವು ಗರ್ಭಿಣಿಯಾಗಿದ್ದಾಗ ಇಲ್ಲಿ ತಿಳಿಸಿರುವ ಯಾವುದಾದರೂ ಆರೋಗ್ಯ ತೊಂದರೆಗಳನ್ನು ಅನುಭವಿಸಿದ್ದೀರಾ? **(ASK ABOUT EACH SEPERATELY)** ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	MENTIONED YES NO 1.SWELLING OF HANDS AND FEET..... 1 2 2.PALENESS..... 1 2 3 VISUAL DISTURBANCES..... 1 2 4. EXCESSIVE BLEEDING..... 1 2 5. CONVULSIONS..... 1 2 6.WEAK OR NO MOVEMENT OF FOETUS..... 1 2 7. ABNORMAL POSITION OF FOETUS..... 1 2 8. OTHER..... 1 2 (SPECIFY)	**IF 'NO' FOR ALL GO TO Q234**
Q231	Did you consult anybody or seek treatment for your health problem ? ನಿಮ್ಮ ಆರೋಗ್ಯ ತೊಂದರೆಗೆ ಯಾರನ್ನಾದರೂ ಭೇಟಿ ಮಾಡಿದ್ದಿರಾ? ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಿರಾ?	YES ..... 1 NO 2	→ Q234

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q232	If yes, where did you go for consultation or to seek treatment? ಹೌದಾದರೆ, ಎಲ್ಲಿ ಸಲಹೆ/ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL.. 1 2 GOVT. DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC.....1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC..... . 1 2 GOVT.ISM HOSPITAL/CLINIC..... 1 2 PRIVATE ISM HOSPITAL/CLINIC..... .. 1 2 PRIVATE HOSPITAL/CLINIC.. .. 1 2 OTHER..... 1 2 (SPECIFY)	
Q233	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಿರಿ?	DOCTOR ..... 1 ANM/NURSE/MIDWIFE/LHV..... 2 OTHER HEALTH PROFESSIONAL.. 3 TRAINED DAI ..... 4 UNTRAINED DAI ..... 5 ISM PRACTITIONER.....6 OTHER..... (SPECIFY)	7
Q234	Were you advised by doctor/health worker to go to health facility for delivery? ನಿಮಗೆ ವೈದ್ಯರು ಅಥವಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಆಸ್ಪತ್ರೆಗೆ ಹೋಗಿ ಹೆರಿಗೆ ಮಾಡಿಸಿ ಕೊಳ್ಳಲು ಸಲಹೆ ಕೊಟ್ಟಿದ್ದರೇ?	YES..... 1 NO..... 2	
Q235	Where did the delivery take place? ಹೆರಿಗೆ ಎಲ್ಲಿ ಆಯಿತು?	GOVT./MUNICIPAL HOSPITAL..... ... 1 GOVT. DISPENSARY..... 2 UHC/UHP/UFWC..... 3 CHC/RURAL HOSPITAL..... .. 4 PHC..... 5 SUB CENTER..... 6 NGO/TRUST HOSPITAL/CLINIC..... .... 7 GOVT.ISM HOSPITAL/CLINIC..... .. 8 PRIVATE ISM HOSPITAL/CLINIC..... ... 9 PRIVATE HOSPITAL/CLINIC..... 10 AT HOME ..... 11 OTHER.....12 (SPECIFY)	→ Q238
Q236	(If home delivery) (ಮನೆಯಲ್ಲಿ ಹೆರಿಗೆಯಾಗಿದ್ದರೆ) What is the main reason you did not go to a health facility for delivery? ಹೆರಿಗೆಗೆ ಆಸ್ಪತ್ರೆಗೆ ಹೋಗದಿರಲು ಮುಖ್ಯವಾದ ಕಾರಣವೇನು? **(RECORD MOST IMPORTANT REASON)** ಪ್ರಶ್ನಾವಳಿಅಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಅತಿ ಮುಖ್ಯವಾದ ಕಾರಣವನ್ನು ಮಾತ್ರ ದಾಖಲಿಸಿ)	NOT NECESSARY.....1 NOT CUSTOMARY..... 2 COSTS TOO MUCH.....3 TOO FAR/NO TRANSPORT ..... 4 POOR QUALITY SERVICE ..... 5 NO TIME TO GO..... 6 FAMILY DID NOT ALLOW ..... 7 BETTER CARE AT HOME ..... 8 LACK OF KNOWLEDGE ..... 9 OTHER _____ 10 (SPECIFY)	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.237	Who conducted the delivery ಹೆರಿಗೆ ಮಾಡಿದವರು ಯಾರು?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINDE DAI ..... 3 UNTRAINED DAI ..... 4 RELATIVES/FRIENDS ..... 5 NONE..... 6	
Q.238	Was the delivery normal? ಸುಲಭವಾಗಿ ಹೆರಿಗೆ ಆಯಿತೇ?	YES..... 1 NO..... 2	→ Q240
Q.239	Was the delivery caesarean or assisted? ಹೆರಿಗೆಯು ಸಿಸೇರಿಯನ್ ಅಥವಾ ಉಪಕರಣಗಳಿಂದಾಯಿತೇ?	CAESARIAN ..... 1 BY INSTRUMENT OR ASSISTED... 2	
Q.240	During delivery, did you experience any of the following problems? ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ಇಲ್ಲಿ ತಿಳಿಸಿರುವ ಯಾವುದಾದರೂ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿದ್ದೀರಾ? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO 1. PREMATURE LABOUR..... 1 2 2. EXCESSIVE BLEEDING..... 1 2 3. PROLONGED LABOUR (More than 12 Hours)..... 1 2 4. OBSTRUCTED LABOUR..... 1 2 5. BREECH PRESENTATION. ... 1 2 6. OTHER_____ ___ 1 2 (SPECIFY)	
Q.241	During the first six weeks after delivery did you experience any of the following health problems? ಹೆರಿಗೆಯಾದ ಮೊದಲ ಆರು ವಾರಗಳಲ್ಲಿ ಇಲ್ಲಿ ತಿಳಿಸಿರುವ ಯಾವುದಾದರೂ ಆರೋಗ್ಯ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿದ್ದೀರಾ? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO 1. HIGH FEVER..... 1 2 2. LOWER ABDOMINAL PAIN.... 1 2 3. FOUL SMELLING VAGINAL DISCHARGE..... 1 2 4. EXCESSIVE BLEEDING..... 1 2 5. CONVULSIONS..... 1 2 6. SEVERE HEADACHE..... 1 2 7. OTHER_____ ___ 1 2 (SPECIFY)	IF 'NO' FOR ALL GO TO Q245
Q242	Did you consult any body or did you seek treatment for the health problem? ಆರೋಗ್ಯ ತೊಂದರೆಗೆ ಯಾರಿಂದಲಾದರೂ ಸಲಹೆ/ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಾ?	YES..... 1 NO..... 2	→ Q245
Q243	Where did you go for consultation or to seek treatment? ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL..... 1 2 GOVT. DISPENSARY..... ..... 1 2 UHC/UHP/UFWC..... ..... 1 2 CHC/RURAL HOSPITAL..... ..... 1 2 PHC..... ..... 1 2 SUB CENTER..... ..... 1 2 NGO/TRUST HOSPITAL/CLINIC... ..... 1 2 GOVT.ISM HOSPITAL/CLINIC. .... 1 2 PRIVATE ISM HOSPITAL/CLINIC.. ..... 1 2 PRIVATE HOSPITAL/CLINIC... .... 1 2 OTHER..... ..... 1 2 (SPECIFY)	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.244	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಿರಿ?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAI..... 3 UNTRAINED DAI..... 4 RELATIVES/FRIENDS ..... 5 ISM PRACTITIONER..... 6 OTHER _____ 7 (SPECIFY)	
Q.245	Did ANM visit you within 2 weeks of delivery? ಹೆರಿಗೆಯಾದ ಎರಡು ವಾರದೊಳಗೆ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ ನಿಮ್ಮನ್ನು ನೋಡಲು ಬಂದಿದ್ದರೇ?	YES..... 1 NO..... 2	
Q.246	How many times did she visit you within six weeks of delivery? ಹೆರಿಗೆಯಾದ ಆರು ವಾರದೊಳಗೆ ಅವರು ಎಷ್ಟು ಬಾರಿ ನಿಮ್ಮನ್ನು ನೋಡಲು ಬಂದಿದ್ದರು?	NUMBER ☐ NOT VISITED 0	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.319	If yes, what are they? ಹೌದಾದರೆ, ಅವುಗಳು ಯಾವುವು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಅಪಾಯಕರ ಲಕ್ಷಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1.DIFFICULTY IN BREATHING .. 1 2 2. CHEST INDRAWING ..... 1 2 3. NOT ABLE TO DRINK OR TAKE A FEED.....1 2 4. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE..... 1 2 5. PAIN IN CHEST AND PRODUCTIVE COUGH..... 1 2 6. CONDITION GETS WORSE THAN BEFORE.....1 2 7. WHEEZING/WHISTLING..... 1 2 8. RAPID BREATHING..... 1 2	
Q.320	Has ANM/Health worker told you the danger signs of pneumonia? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ನ್ಯೂಮೋನಿಯಾ ಖಾಯಿಲೆಯ ಅಪಾಯಕರ ಲಕ್ಷಣಗಳ ಬಗ್ಗೆ ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	YES.....1 NO.....2	
Q.321	Did any of your children born since January 1, 2001 suffer from cough, cold alongwith difficulty in breathing in the past two weeks? ಜನವರಿ 1, 2001 ರಿಂದೀಚೆಗೆ ಜನಿಸಿದ ನಿಮ್ಮ ಯಾವುದೇ ಮಗುವಿಗೆ ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಕೆಮ್ಮು, ನೆಗಡಿ ಮತ್ತು ಉಸಿರಾಟದ ತೊಂದರೆಗಳೇನಾದರೂ ಆಗಿತ್ತೇ?	YES..... 1 NO..... 2	→ Q325
Q.322	Did you consult some body or seek treatment for the child's cough and cold? ಕೆಮ್ಮು, ನೆಗಡಿಗೆ ಯಾರಿಂದಲಾದರೂ ಸಲಹೆ ಮತ್ತು ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	YES..... 1 NO..... ...2	→ Q325
Q.323	Where did you go for consultation or treatment? ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL.....1 2 GOVT. DISPENSARY.....1 2 UHC/UHP/UFWC.....1 2 CHC/RURAL HOSPITAL.....1 2 PHC.....1 2 SUB CENTER.....1 2 NGO/TRUST HOSPITAL/CLINIC.....1 2 GOVT.ISM HOSPITAL/CLINIC.....1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC.....1 2 HOME REMEDY.....1 2 OTHER.....1 2 (SPECIFY)	
Q.324	Whom did you consult or from whom did you seek treatment for child's cough and cold? ಮಗುವಿಗೆ ಕೆಮ್ಮು ಮತ್ತು ನೆಗಡಿಗೆ ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ?	DOCTOR ..... 1 ANM/NURSE/LHV..... 2 TRAINED DAI..... 3 UNTRAINED DAI..... 4 RELATIVES/FRIENDS..... 5 CHEMIST/MEDICAL SHOP.....6 ISM PRACTITIONER.....7 OTHER.....8 (SPECIFY)	

FOR BOTH LIVING CHILDREN

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	LAST CHILD	LAST BUT ONE CHILD	SKIP TO
Q325	Do you have a card where (Name's) vaccination are written down? (IF YES, MAY I SEE IT, PLEASE ?) ನಿಮ್ಮ ಬಳಿ (ಹೆಸರುಗಳು) ರೋಗ ನಿರೋಧಕ ಲಸಿಕೆಗಳನ್ನು ಕೊಡಿಸಿರುವ ಗುರುತಿನ ಚೀಟಿ ಇದೆಯೇ? (ಹೌದಾದರೆ, ದಯವಿಟ್ಟು ನಾನು ಅದನ್ನು ನೋಡಬಹುದೇ)	YES, SEEN..... YES, NOT SEEN..... NO CARD.....	1 2 3	1 2 3	
Q326	Was polio vaccine (OPV'O') given to the child immediately after birth (DROP IN THE MOUTH) ಮಗುವಿಗೆ ಪೋಲಿಯೋ (ಹುಟ್ಟಿದ ತಕ್ಷಣ ಬಾಯಿಗೆ ಬಿಡುವ ಹನಿ) ಹನಿಗಳನ್ನು ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q327	Was BCG vaccination against Tuberculosis given to the child? ಕ್ಷಯ ರೋಗ ತಡೆಗಟ್ಟಲು ಕೊಡುವ ಚುಚ್ಚು ಮದ್ದನ್ನು ಮಗುವಿಗೆ ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q.328	Was a vaccination against Diptheria, Whooping Cough and Tetanus given to the child as an injection (DPT) ಮಗುವಿಗೆ ಗಂಟಲು ಮಾರಿ, ನಾಯಿ ಕೆಮ್ಮು ಹಾಗು ಧನುರ್ವಾಯು ಬಾರದ ಹಾಗೆ ಕೊಡುವ ಚುಚ್ಚು ಮದ್ದನ್ನು ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2 →	Q330
Q.329	How many DPT injections were given? ಡಿ.ಪಿ.ಟಿ ಚುಚ್ಚು ಮದ್ದನ್ನು ಮಗುವಿಗೆ ಎಷ್ಟು ಬಾರಿ ಕೊಡಿಸಿದ್ದೀರಾ?	NUMBER DO NOT REMEMBER...9	☐	☐	
Q.330	Was polio vaccine (i.e drops in the mouth. excluding polio '0' and pulse polio) given to the child? ಮಗುವಿಗೆ ಪೋಲಿಯೋ (ಬಾಯಲ್ಲಿ ಹಾಕುವ ಹನಿ) ಹನಿಗಳನ್ನು (ಪೋಲಿಯೋ 'O' ಪಲ್ಸ್ ಪೋಲಿಯೋ ಬಿಟ್ಟು) ಹಾಕಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2 →	Q332
Q.331	If yes how many Polio doses (excluding Polio '0') were given ಹಾಕಿಸಿದ್ದರೆ, ಎಷ್ಟು ಬಾರಿ ಪೋಲಿಯೋ (ಪೋಲಿಯೋ 'O' ಬಿಟ್ಟು) ಹನಿಗಳನ್ನು ಹಾಕಿಸಿದ್ದೀರಿ?	NUMBER..... DO NOT REMEMBER...9	☐	☐	
Q.332	Was an injection against Measles given? ಮಗುವಿಗೆ ದಡಾರ ಬರದಂತೆ ಕೊಡುವ ಲಸಿಕೆ ಹಾಕಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q.333	Was Hepatitis B Injection given to the child? ಮಗುವಿಗೆ ಹೆಪಟೈಟಿಸ್ 'B' ಚುಚ್ಚುಮದ್ದನ್ನು 'ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q.334	Did ANM/ Doctor/ Health Worker advise you to give vaccines to your child? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು/ವೈದ್ಯರು ಮಗುವಿಗೆ ಚುಚ್ಚು ಮದ್ದು ಕೊಡಿಸಲು ಸಲಹೆ ಕೊಟ್ಟಿದ್ದರೇ?	YES..... NO.....	1 2	1 2	

SECTION - III
IMMUNIZATION AND CHILD CARE
(IMMUNIZATION OF LAST AND LAST BUT ONE LIVING CHILD; BOTH BORN AFTER JANUARY 1, 2001)

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
		LAST CHILD	LAST BUT ONE CHILD	
Q301	Name of the (index) child ಮಗುವಿನ ಹೆಸರು			
Q301A	Line number of child in birth (check Q114) ಮಗುವಿನ ಕ್ರಮಸಂಖ್ಯೆ (ಪ್ರ 114ನ್ನು ನೋಡಿ)	☐☐	☐☐	
Q302	Sex of the child ಮಗುವಿನ ಲಿಂಗ (ಗಂಡು/ಹೆಣ್ಣು)	BOY..... 1 GIRL..... 2	BOY..... 1 GIRL..... 2	
Q303	Month and year of birth (ಮಗು) ಹುಟ್ಟಿದ ತಿಂಗಳು ಮತ್ತು ವರ್ಷ	MONTH ☐☐ DO NOT KNOW..... 99 YEAR 2001 2002 2003 2004	MONTH ☐☐ DO NOT KNOW..... 99 YEAR 2001 2002 2003 2004	

ASK Q 304 TO 307 FOR THE YOUNGEST CHILD
ಪ್ರ 304ರಿಂದ ಪ್ರ 307ರವರೆಗೆ ಕೇಳುವ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೊನೆಯ ಮಗುವಿನ ಬಗ್ಗೆ ಕೇಳಿ

Q.304	When did you start breastfeeding your child? ಈ ಮಗುವಿಗೆ ನೀವು ಯಾವಾಗ ಎದೆ ಹಾಲು ಕುಡಿಸಲು ಪ್ರಾರಂಭ ಮಾಡಿದಿರಿ?	IMMEDIATELY WITHIN TWO HOURS OFBIRTH..... 1 SAME DAY AFTER TWO HOURS OF BIRTH..... 2 1-3 DAYS..... 3 AFTER 3 DAYS..... 4 NEVER.....5 →	Q308
Q.305	When you first breastfed your child did you squeeze out the milk before feeding the child? ಈ ಮಗುವಿಗೆ ಮೊದಲ ಬಾರಿ ಹಾಲು ಕುಡಿಸುವ ಮುನ್ನ ಹಾಲು ಹಿಂಡಿ ಚೆಲ್ಲಿದಿರಾ?	YES.....1 NO.....2	
Q.306	Are you currently breast-feeding the child? ಸದ್ಯ ನೀವು ಮಗುವಿಗೆ ಎದೆ ಹಾಲು ಕುಡಿಸುತ್ತಿದ್ದೀರಾ?	YES.....1 NO.....2	
Q.307	How many months did you breastfeed the child exclusively? **(Nothing other than mother's milk)** ಮಗುವಿಗೆ ಹಾಲನ್ನು ಮಾತ್ರ ಎಷ್ಟು ತಿಂಗಳಗಳ ತನಕ ಕುಡಿಸಿದಿರಿ?	MONTHS ☐☐ CONTINUING.....88	
Q.308	Do you know what to do when child gets Diarrhoea? ಮಗುವಿಗೆ ಭೇದಿ ಆದಾಗ ಏನು ಮಾಡಬೇಕೆಂದು ನಿಮಗೆ ತಿಳಿದಿದೆಯೇ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಅಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಸಲಹೆಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1. GIVE ORS..... 1 2 2. SALT AND SUGAR SOLUTION..... 1 2 3. CONTINUE NORMAL FOOD..... 1 2 4. CONTINUE BREASTFEEDING..... 1 2 5. GIVE PLENTY OF FLUIDS..... 1 2 6. OTHER (SPECIFY)_____ 1 2 7. DO NOT KNOW..... 1	
Q.309	Has ANM/health worker told you what to do if a child has Diarrhoea? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಮಗುವಿಗೆ ಭೇದಿ ಆದಾಗ ಏನು ಮಾಡಬೇಕುಂದು ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	YES..... 1 NO..... 2	
Q.310	Did any of your children born since Januar 1, 2001 suffer from Diarrhoea during last 2 weeks? ಜನವರಿ 1, 1999 ರಿಂದೀಚೆಗೆ ಜನಿಸಿದ ನಿಮ್ಮ ಯಾವುದೇ ಮಗುವಿಗೆ ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಭೇದಿ ಆಗಿತ್ತೇ?	YES.....1 NO.....2 →	Q318

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.311	Did you continue the breastfeeding to child in the same way as before diarrhoea? ಎದೆ ಹಾಲನ್ನು ಭೇಧಿಯಾಗುವುದಕ್ಕಿಂತ ಮುಂಚೆ ಕೊಡುವ ರೀತಿಯೇ ಭೇಧಿಯಾದ ನಂತರವೂ ಸಹ ಕೊಡುತ್ತಿದ್ದಿರಾ?	YES..... 1 NO..... 2 NOT APPLICABLE..... 3	
Q.312	Did you give the same amount to drink as before the diarrhoea, or more, or less? ಈ ಮೊದಲಿನಷ್ಟೇ ಕುಡಿಯಲು ಕೊಟ್ಟಿದ್ದಿರಾ? ಹೆಚ್ಚು ಕೊಟ್ಟಿದ್ದಿರಾ ಅಥವಾ ಕಡಿಮೆ ಕೊಟ್ಟಿದ್ದಿರಾ?	SAME..... 1 LESS..... 2 MORE..... 3 CHILD ON BREAST MILK..... 4	
Q.313	Did you give the same amount of food as before the diarrhoea, or more or less? ಈ ಮೊದಲಿನಷ್ಟೇ ಆಹಾರ ಕೊಟ್ಟಿದ್ದಿರಾ, ಹೆಚ್ಚು ಆಹಾರ ಕೊಟ್ಟಿದ್ದಿರಾ ಅಥವಾ ಕಡಿಮೆ ಕೊಟ್ಟಿದ್ದಿರಾ?	SAME..... 1 LESS..... 2 MORE..... 3 CHILD ON BREAST MILK..... 4	
Q.314	Did you give ORS to child? ಓ.ಆರ್.ಎಸ್.ನ್ನು ಮಗುವಿಗೆ ಕೊಟ್ಟಿದ್ದಿರಾ?	YES..... 1 NO..... 2 CHILD ON BREAST MILK..... 3	
Q.315	Did you consult some body or seek treatment for the child's diarrhoea? ಮಗುವಿನ ಭೇಧಿಗೆ ಯಾರನ್ನಾದರೂ ಭೇಟಿ ಮಾಡಿದ್ದಿರಾ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಕೊಡಿಸಿದ್ದಿರಾ?	YES..... 1 NO..... 2	→ Q318
Q.316	Where did you go for consultation or treatment for child's diarrhoea? ಮಗುವಿನ ಭೇಧಿಗೆ ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL.....1 2 GOVT. DISPENSARY.....1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT.ISM HOSPITAL/CLINIC.....1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC.....1 2 HOME REMEDY..... 1 2 OTHER..... 1 2 (SPECIFY)	
Q.317	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ?	DOCTOR..... 1 ANM/NURSE/LHV..... 2 TRAINED DAI..... 3 UNTRAINED DAI..... 4 RELATIVES/FRIENDS..... 5 CHEMIST/MEDICAL SHOP..... 6 ISM PRACTITIONER..... 7	
Q.318	Do you know the danger signs of Pneumonia? ನ್ಯೂಮೋನಿಯಾ ಖಾಯಿಲೆಯ ಅಪಾಯಕರ ಲಕ್ಷಣಗಳು ನಿಮಗೆ ತಿಳಿದಿದೆಯೇ?	YES.....1 NO..... 2	→ Q320

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.319	If yes, what are they? ಹೌದಾದರೆ, ಅವುಗಳು ಯಾವುವು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಅಪಾಯಕರ ಲಕ್ಷಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1.DIFFICULTY IN BREATHING .. 1 2 2. CHEST INDRAWING ..... 1 2 3. NOT ABLE TO DRINK OR TAKE A FEED.....1 2 4. EXCESSIVELY DROWSY AND DIFFICULT TO KEEP AWAKE..... 1 2 5. PAIN IN CHEST AND PRODUCTIVE COUGH..... 1 2 6. CONDITION GETS WORSE THAN BEFORE.....1 2 7. WHEEZING/WHISTLING..... 1 2 8. RAPID BREATHING..... 1 2	
Q.320	Has ANM/Health worker told you the danger signs of pneumonia? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ನ್ಯೂಮೋನಿಯಾ ಖಾಯಿಲೆಯ ಅಪಾಯಕರ ಲಕ್ಷಣಗಳ ಬಗ್ಗೆ ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	YES.....1 NO.....2	
Q.321	Did any of your children born since January 1, 2001 suffer from cough, cold alongwith difficulty in breathing in the past two weeks? ಜನವರಿ 1, 2001 ರಿಂದೀಚೆಗೆ ಜನಿಸಿದ ನಿಮ್ಮ ಯಾವುದೇ ಮಗುವಿಗೆ ಕಳೆದ ಎರಡು ವಾರಗಳಲ್ಲಿ ಕೆಮ್ಮು, ನೆಗಡಿ ಮತ್ತು ಉಸಿರಾಟದ ತೊಂದರೆಗಳೇನಾದರೂ ಆಗಿತ್ತೇ?	YES..... 1 NO..... 2	→ Q325
Q.322	Did you consult some body or seek treatment for the child's cough and cold? ಕೆಮ್ಮು, ನೆಗಡಿಗೆ ಯಾರಿಂದಲಾದರೂ ಸಲಹೆ ಮತ್ತು ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	YES..... 1 NO..... ...2	→ Q325
Q.323	Where did you go for consultation or treatment? ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO GOVT./MUNICIPAL HOSPITAL.....1 2 GOVT. DISPENSARY.....1 2 UHC/UHP/UFWC.....1 2 CHC/RURAL HOSPITAL.....1 2 PHC.....1 2 SUB CENTER.....1 2 NGO/TRUST HOSPITAL/CLINIC.....1 2 GOVT.ISM HOSPITAL/CLINIC.....1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC.....1 2 HOME REMEDY.....1 2 OTHER.....1 2 (SPECIFY)	
Q.324	Whom did you consult or from whom did you seek treatment for child's cough and cold? ಮಗುವಿಗೆ ಕೆಮ್ಮು ಮತ್ತು ನೆಗಡಿಗೆ ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ?	DOCTOR ..... 1 ANM/NURSE/LHV..... 2 TRAINED DAI.....3 UNTRAINED DAI..... 4 RELATIVES/FRIENDS..... 5 CHEMIST/MEDICAL SHOP.....6 ISM PRACTITIONER.....7 OTHER.....8 (SPECIFY)	

FOR BOTH LIVING CHILDREN

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	LAST CHILD	LAST BUT ONE CHILD	SKIP TO
Q325	Do you have a card where (Name's) vaccination are written down? (IF YES, MAY I SEE IT, PLEASE ?) ನಿಮ್ಮ ಬಳಿ (ಹೆಸರುಗಳು) ರೋಗ ನಿರೋಧಕ ಲಸಿಕೆಗಳನ್ನು ಕೊಡಿಸಿರುವ ಗುರುತಿನ ಚೀಟಿ ಇದೆಯೇ? (ಹೌದಾದರೆ, ದಯವಿಟ್ಟು ನಾನು ಅದನ್ನು ನೋಡಬಹುದೇ)	YES, SEEN..... YES, NOT SEEN..... NO CARD.....	1 2 3	1 2 3	
Q326	Was polio vaccine (OPV'O') given to the child immediately after birth (DROP IN THE MOUTH) ಮಗುವಿಗೆ ಪೋಲಿಯೋ (ಹುಟ್ಟಿದ ತಕ್ಷಣ ಬಾಯಿಗೆ ಬಿಡುವ ಹನಿ) ಹನಿಗಳನ್ನು ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q327	Was BCG vaccination against Tuberculosis given to the child? ಕ್ಷಯ ರೋಗ ತಡೆಗಟ್ಟಲು ಕೊಡುವ ಚುಚ್ಚು ಮದ್ದನ್ನು ಮಗುವಿಗೆ ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q.328	Was a vaccination against Diptheria, Whooping Cough and Tetanus given to the child as an injection (DPT) ಮಗುವಿಗೆ ಗಂಟಲು ಮಾರಿ, ನಾಯಿ ಕೆಮ್ಮು ಹಾಗು ಧನುರ್ವಾಯು ಬಾರದ ಹಾಗೆ ಕೊಡುವ ಚುಚ್ಚು ಮದ್ದನ್ನು ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2 →	Q330
Q.329	How many DPT injections were given? ಡಿ.ಪಿ.ಟಿ ಚುಚ್ಚು ಮದ್ದನ್ನು ಮಗುವಿಗೆ ಎಷ್ಟು ಬಾರಿ ಕೊಡಿಸಿದ್ದೀರಾ?	NUMBER DO NOT REMEMBER...9	☐	☐	
Q.330	Was polio vaccine (i.e drops in the mouth. excluding polio '0' and pulse polio) given to the child? ಮಗುವಿಗೆ ಪೋಲಿಯೋ (ಬಾಯಲ್ಲಿ ಹಾಕುವ ಹನಿ) ಹನಿಗಳನ್ನು (ಪೋಲಿಯೋ 'O' ಪಲ್ಸ್ ಪೋಲಿಯೋ ಬಿಟ್ಟು) ಹಾಕಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2 →	Q332
Q.331	If yes how many Polio doses (excluding Polio '0') were given ಹಾಕಿಸಿದ್ದರೆ, ಎಷ್ಟು ಬಾರಿ ಪೋಲಿಯೋ (ಪೋಲಿಯೋ 'O' ಬಿಟ್ಟು) ಹನಿಗಳನ್ನು ಹಾಕಿಸಿದ್ದೀರಿ?	NUMBER..... DO NOT REMEMBER...9	☐	☐	
Q.332	Was an injection against Measles given? ಮಗುವಿಗೆ ದಡಾರ ಬರದಂತೆ ಕೊಡುವ ಲಸಿಕೆ ಹಾಕಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q.333	Was Hepatitis B Injection given to the child? ಮಗುವಿಗೆ ಹೆಪಟೈಟಿಸ್ 'B' ಚುಚ್ಚುಮದ್ದನ್ನು ಕೊಡಿಸಿದ್ದೀರಾ?	YES..... NO.....	1 2	1 2	
Q.334	Did ANM/ Doctor/ Health Worker advise you to give vaccines to your child? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು/ವೈದ್ಯರು ಮಗುವಿಗೆ ಚುಚ್ಚು ಮದ್ದು ಕೊಡಿಸಲು ಸಲಹೆ ಕೊಟ್ಟಿದ್ದರೇ?	YES..... NO.....	1 2	1 2	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	LAST CHILD	LAST BUT ONE CHILD	SKIP TO
Q.335	**(Ask this question only to those women who reported at least one immunization)** (ಈ ಪ್ರಶ್ನೆಯನ್ನು ಕಡೇ ಪಕ್ಷ ಒಂದು ಸಲವಾದರೂ ತಮ್ಮ ಮಗುವಿಗೆ ಲಸಿಕೆಯನ್ನು ಕೊಡಿಸಿರುವ ಮಹಿಳೆಯನ್ನು ಕೇಳಿ) Where from the last immunization was given? ರೋಗ ನಿರೋಧಕ ಲಸಿಕೆಯನ್ನು ಕೊನೆಯ ಸಾರಿ ಎಲ್ಲಿ ಹಾಕಿಸಿದಿರಿ?	1. GOVT. HOSPITAL..... 2. CHC/PHC..... 3. SUB-CENTER..... 4. PRIVATE HOSPITAL..... 5. GOVT. ISM HOSPITAL/CLINIC..... 6. PRIVATE ISM HOSPITAL/CLINIC..... 7. OUT REACH/MCP CLINIC IN VILLAGE..... 8. PRIVATE DOCTOR..... 9. OTHER_____ ____ (SPECIFY) 10. DO NOT REMEMBER..	1 2 3 4 5 6 7 8 9 99	1 2 3 4 5 6 7 8 9 99	
Q.336	**(IF 'NO' FOR Q 327, Q328,Q330 AND Q332)** Why (Name) was not given any vaccination? (ಪ್ರ 327, ಪ್ರ 328, ಪ್ರ 330 ಮತ್ತು ಪ್ರ332ಕ್ಕೆ ಉತ್ತರ "ಇಲ್ಲ" ಎಂದು ಬಂದಿದ್ದರೆ) (ಹೆಸರು)ಗೆ ಏಕೆ ಯಾವುದೇ ರೋಗ ನಿರೋಧಕ ಲಸಿಕೆಯನ್ನು ಹಾಕಿಸಲಿಲ್ಲ? **(RECORD ONE IMPORTANT REASON)** (ಮುಖ್ಯವಾದ ಒಂದು ಕಾರಣವನ್ನು ಮಾತ್ರ ದಾಖಲಿಸಿ)	1. CHILD TOO YOUNG FOR IMMUNIZATION 2. UNAWARE OF NEED FOR IMMUNIZATION 3. PLACE OF IMMUNIZATION UNKNOWN 4. TIME OF IMMUNIZATION UNKNOWN 5. FEAR OF SIDE EFFECTS 6. NO FAITH IN IMMUNIZATION 7. PLACE OF IMMUNIZATION TOO FAR TO GO 8. TIME OF IMMUNIZATION INCONVENIENT 9. ANM ABSENT 10.VACCINE NOT AVAILABLE 11.MOTHER TOO BUSY 12.FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 13.CHILD ILL, NOT BROUGHT 14.CHILD ILL BROUGHT BUT NOT GIVEN 15.LONG WAITING TIME 16.OTHER_____ (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	
Q337	Was a dose of Vitamin A liquid given to (name) to protect him/her from night blindness? ರಾತ್ರಿ ಕುರುಡು ಬರದಂತೆ ತಡೆಯಲು (ಹೆಸರು)ಗೆ ವಿಟಮಿನ್ 'ಎ' ದ್ರಾವಣವನ್ನು ಕೊಟ್ಟಿದ್ದಾರೆಯೇ?	YES ..... NO ..... DO NOT REMEMBER.....	1 2 3	1 2 3	→ Q339
Q338	If yes, how many vitamin A doses were given? ಕೊಟ್ಟಿದ್ದರೆ, ಎಷ್ಟು ಬಾರಿ ವಿಟಮಿನ್ 'ಎ' ದ್ರಾವಣವನ್ನು ಕೊಟ್ಟಿದ್ದಾರೆ?	IN NUMBER..... DO NOT REMEMBER.....9	☐	☐	
Q.339	Was IFA tablets/ liquid given to the (name) child? ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರೆ ಟಾನಿಕ್‌ನ್ನು (ಹೆಸರು)ಗೆ ಕೊಟ್ಟಿದ್ದಾರೆಯೇ?	YES..... NO..... DO NOT REMEMBER.....	1 2 3	1 2 3	→ SECTION IV
Q.340	If yes, how many IFA tables/liquid in quantity were given? ಕೊಟ್ಟಿದ್ದರೆ, ಎಷ್ಟು ಮಾತ್ರೆಗಳನ್ನು/ ಸಿರಪ್‌ನ್ನು ಕೊಟ್ಟಿದ್ದಾರೆ	IN NUMBER..... DO NOT REMEMBER..... IN ml.	☐☐ 99	☐☐	

SECTION-IV
CONTRACEPTION
(FOR ALL ELIGIBLE WOMEN)

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q401	Which of the Family Planning methods are you aware of ? ನಿಮಗೆ ಯಾವ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನಗಳ ಬಗ್ಗೆ ತಿಳಿದಿದೆ?	YES NO	
	1. **FEMALE STERILISATION /** ಹೆಂಗಸರ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ	..... 1 2	
	2. Tubectomy ಸ್ತ್ರೀ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ	.....1 2	
	3. Laprascope's ಉದರ ದರ್ಶಕ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ	..... 1 2	
	4. **MALE STERILISATION /** ಗಂಡಸರ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ	.....1 2	
	5. Vasectomy ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ	.....1 2	
	6. No Scalpel Vasectomy ನೋಸ್ಕಾಲ್‌ಪಲ್ ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ	.....1 2	
	7. **COPPER-T/IUD** ಕಾಪರ್ – T/ವಂಕಿ	..... 1 2	
	8. **PILLS** ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆಗಳು	..... 1 2	
	9. Daily ಪ್ರತಿದಿನ ನುಂಗುವ ಮಾತ್ರೆ	..... 1 2	
	10. Weekly ವಾರಕ್ಕೊಮ್ಮೆ ನುಂಗುವ ಮಾತ್ರೆ	..... 1 2	
	11. **CONDOM/NIRODH** ರಬ್ಬರ್ ಚೀಲ/ನಿರೋಧ್	..... 1 2	
	12. **SPONGE(TODAY)** ಸ್ಪಾಂಜ್ (ಟುಡೇ)	.....1 2	
	13. **INJECTABLES** ಗರ್ಭನಿರೋಧಕ ಚುಚ್ಚುಮದ್ದು	.....1 2	
	14. **NORPLANT** ನಾರ್‌ಪ್ಲಾಂಟ್	.....1 2	
	15. **CONTRACEPTIVE HERBS** ಗರ್ಭ ನಿರೋಧಕ ಗಿಡ ಮೂಲಿಕೆ	.....1 2	
	16. **RHYTHM/PERIODIC ABSTINENCE/** ಗರ್ಭಿಣಿಯಾಗುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚಿರುವ ದಿನಗಳಲ್ಲಿ ಹಾಸಿಗೆ ಪಥ್ಯ ಮಾಡುವುದು	.....1 2	
	17. **WITHDRAWAL** ಗಂಡಸರು ಕೊನೆಯ ಘಳಿಗೆಯಲ್ಲಿ ಹೊರ ತೆಗೆಯುವುದು	.....1 2	
	18. **ANY OTHER CONTRACEPTIVES FROM INDIAN SYSTEM OF MEDICINE** ಭಾರತೀಯ ವೈದ್ಯ ಪದ್ಧತಿಯ ಇನ್ನಿತರ ಗರ್ಭ ನಿರೋಧಕಗಳು	.....1 2	
Q402	Are you currently pregnant ? ನೀವು ಈಗ ಗರ್ಭಿಣಿಯಿದ್ದೀರಾ?	YES.....1 → Q418 NO..... 2	
Q403	Are you/your husband currently using any Family Planning method ? (Including sterilization) ಸದ್ಯ, ನೀವು ಅಥವಾ ನಿಮ್ಮ ಗಂಡ ಯಾವುದಾದರೂ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸುತ್ತಿದ್ದೀರಾ? (ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಸೇರಿ)	YES..... 1 NO..... 2 → Q418	
Q404	Which method you/your husband is using? ನೀವು/ನಿಮ್ಮ ಗಂಡ ಬಳಸುತ್ತಿರುವ ವಿಧಾನ ಯಾವುದು?	FEMALE STERILISATION.....1 **MALE STERILISATION** VASECTOMY.....2 NO SCALPEL VASECTOMY.....3 IUD/COPPER-T/LOOP..... 4 ORAL PILLS.....5 CONDOM/NIRODH..... 6 RHYTHM/PERIODIC ABSTINENCE.....7 WITHDRAWAL..... 8 OTHER MODERN METHOD_____ 9 (SPECIFY) OTHER TRADITIONAL METHOD_____ 10 (SPECIFY)	
Q405	For how long have you been using this method continuously? OR How long ago did you/your husband undergo sterilization? ನೀವು ತಪ್ಪದೇ ಎಷ್ಟು ದಿನಗಳಿಂದ ಈ ವಿಧಾನಾವನ್ನು ಬಳಸುತ್ತಿದ್ದೀರಿ? ಅಥವಾ ನೀವು/ನಿಮ್ಮ ಗಂಡ ಯಾವಾಗ ಸಂತಾನ ಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿಕೊಂಡಿರಿ?	MONTHS ☐☐ MORE THAN 8 YEARS..... 96 DO NOT REMEMBER..... 99	

FOR THE USERS OF COPER-T/LOOP/PILLS/CONDOM AND THOSE WOMEN WHO / WHOSE HUSBANDS HAD UNDERGONE STERILIZATION, ASK Q406-Q417. FOR THE USERS OF WITHDRAWAL/RHYTHM METHOD/ANY OTHER METHOD, GO TO NEXT SECTION.

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q406	Where did you/your husband go for sterilization ? OR Where did you go for Copper-T insertion ? OR From where did you obtain the pills usually ? OR From where did you get condom/Nirodh usually ? ಸಂತಾನ ಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ನೀವು/ನಿಮ್ಮ ಗಂಡ ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದಿರಿ? ಅಥವಾ ನೀವು ಕಾಪರ್-ಟಿ ಹಾಕಿಸಿಕೊಳ್ಳಲು ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದಿರಿ? ಅಥವಾ ಸಾಮಾನ್ಯವಾಗಿ ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆಗಳು ನಿಮಗೆ ಎಲ್ಲಿಂದ ಸಿಗುತ್ತವೆ? ಅಥವಾ ಸಾಮಾನ್ಯವಾಗಿ ನಿರೋಧ್ ನಿಮಗೆ ಎಲ್ಲಿಂದ ಸಿಗುತ್ತದೆ?	GOVERNMENT/MUNICIPAL HOSPITAL.....01 CHC/PHC.....02 FAMILY PLANNING CAMP/RCHCAMP.....03 SUB-CENTRE.....04 PRIVATE HOSPITAL.....05 GOVT. DOCTOR.....06 OUT REACH/MCP CLINIC IN VILLAGE.....07 PRIVATE DOCTOR.....08 GOVT. NURSE/ANM.....09 PRIVATE NURSE.....10 MOBILE CLINIC.....11 CHEMIST/MEDICAL SHOP.....12 OTHER (SPECIFY)_____13 DO NOT KNOW.....99	
Q407	**(ONLY FOR THOSE WHO/WHOSE HUSBANDS ARE STERILISED)** (ಸ್ತ್ರೀ ಸಂತಾನ ಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿಕೊಂಡಿರುವ ವರಿಗೆ/ಮಹಿಳೆಯ ಗಂಡ ಮಾಡಿಸಿಕೊಂಡಿದ್ದರೆ ಮಾತ್ರ) Before sterilization were you/your husband informed about all the methods of contraception? ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಗೆ ಮುಂಚೆ ನಿಮಗೆ/ನಿಮ್ಮ ಗಂಡನಿಗೆ ಎಲ್ಲ ಗರ್ಭ ನಿರೋಧಕ ವಿಧಾನಗಳ ಬಗ್ಗೆ ತಿಳಿಸಿದ್ದರೇ?	YES.....1 NO.....2 DO NOT REMEMBER.....3	→ Q410
Q408	**(ONLY FOR COPPER-T USERS)** (ಕಾಪರ್-ಟಿ ಬಳಸಿರುವವರಿಗೆ ಮಾತ್ರ) Who inserted Copper-T ? ನಿಮಗೆ ಕಾಪರ್-ಟಿ ಅಳವಡಿಸಿದವರು ಯಾರು?	PRIVATE DOCTOR.....1 GOVERNMENT DOCTOR.....2 GOVT. ANM/NURSE/LHV.....3 PRIVATE NURSE.....4	→ Q410
Q409	**(ONLY FOR PILL & CONDOM USERS)** (ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆ/ನಿರೋಧ್ ಬಳಸಿರುವವರಿಗೆ ಮಾತ್ರ) Have you ever found difficulty in getting pills/ condoms? ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆ/ನಿರೋಧ್ ಪಡೆಯುವಲ್ಲಿ ನಿಮಗೆ ಎಂದಾದರೂ ತೊಂದರೆ ಆಗಿದೆಯೇ?	NO PROBLEM..... 1 ಯಾವತೊಂದರೆಯೂ ಇಲ್ಲ NOT REGULARLY AVAILABLE WITH PHC..... 2 ಪ್ರಾ.ಆ.ಕೇಂದ್ರದಲ್ಲಿ ಯಾವಗಲೂ ದೊರೆಯುವುದಿಲ್ಲ NOT REGULARLY AVAILABLE WITH ANM.....3 ಆರೋಗ್ಯ ಕಾರ್ಯ ಕರ್ತೆಯ ಬಳಿ ಯಾವಾಗಲೂ ದೊರೆಯುವುದಿಲ್ಲ NOT REGULARLY AVAILABLE WITH MEDICAL SHOPS/CHEMIST.... 4 ಔಷದಿ ಅಂಗಡಿಗಳಲ್ಲಿ ಯಾವಾಗಲೂ ದೊರೆಯುವುದಿಲ್ಲ OTHER_____ 5 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ)	
Q410	When you started using this method, did doctor/ nurse/ANM inform you about possible health problems that may occur ? ಈ ವಿಧಾನವನ್ನು ಬಳಸಲು ಪ್ರಾರಂಭ ಮಾಡಿದಾಗ, ವೈದ್ಯರು/ ANM/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಈ ವಿಧಾನದ ಬಳಕೆಯಿಂದ ಆಗಬಹುದಾದ ಆರೋಗ್ಯ ತೊಂದರೆ ಬಗ್ಗೆ ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	YES.....1 NO.....2 DO NOT REMEMBER 9	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q411	After you adopted this method, did any health worker/ANM visit you for enquiring about you/ your husband's health ? ಈ ವಿಧಾನವನ್ನು ಬಳಸಲು ಪ್ರಾರಂಭ ಮಾಡಿದ ನಂತರ ANM/ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಯಾರಾದರೂ ನಿಮ್ಮನ್ನು ಭೇಟಿಯಾಗಿ, ನಿಮ್ಮ/ನಿಮ್ಮ ಗಂಡನ ಆರೋಗ್ಯದ ಬಗ್ಗೆ ವಿಚಾರಿಸಿದ್ದಾರೆಯೇ?	YES ..... 1 NO 2	
Q412	Have you/your husband had any health problem after you/your husband started to use this method ? ನೀವು/ನಿಮ್ಮ ಗಂಡ ಈ ವಿಧಾನವನ್ನು ಬಳಸಲು ಪ್ರಾರಂಭ ಮಾಡಿದ ಮೇಲೆ ಈ ವಿಧಾನದ ಬಳಕೆಯಿಂದ ನಿಮಗೆ/ನಿಮ್ಮ ಗಂಡನಿಗೆ ಯಾವುದಾದರೂ ಆರೋಗ್ಯ ತೊಂದರೆಯಾಗಿದೆಯೇ?	YES..... 1 NO.....2	→ Q417
Q413	If yes, what health problem did you/your husband have? ಹೌದಾದರೆ, ನಿಮಗೆ/ನಿಮ್ಮ ಗಂಡನಿಗೆ ಯಾವ ರೀತಿಯ ಆರೋಗ್ಯ ತೊಂದರೆಯಾಗಿದೆ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO 1 WEAKNESS/INABILITY TO WORK..... 1 2 ಬಲಹೀನತೆ/ಕೆಲಸಮಾಡಲು ಆಗುವುದಿಲ್ಲ 2 BODYACHE/BACKACHE..... 1 2 ಮೈ ಕೈ ನೋವು/ಬೆನ್ನು ನೋವು 3 CRAMPS..... 1 2 ಜೋಮು ಹಿಡಿಯುವುದು 4 WEIGHT GAIN..... 1 2 ದಪ್ಪಾಗುವುದು 5 DIZZINESS..... 1 2 ತಲೆ ಸುತ್ತು 6 NAUSEA/VOMITING..... 1 2 (ಹೊಟ್ಟೆ ತೊಳಸಿದಂತಾಗಿ) ಓಕರಿಕೆ ಬರುವುದು/ ವಾಂತಿಯಾಗುವುದು 7 BREAST TENDERNESS..... 1 2 ಸ್ತನ ಮೃದುವಾಗುವಿಕೆ 8 IRREGULAR PERIODS..... 1 2 ಕ್ರಮಬದ್ಧವಲ್ಲದ ಋತುಚಕ್ರ 9 EXCESSIVE BLEEDING..... 1 2 ಅಧಿಕ ರಕ್ತಸ್ರಾವ 10 SPOTTING..... 1 2 ಬಟ್ಟೆ ಕಲೆಯಾಗುವುದು 11 WHITE DISCHARGE ..... 1 2 ಬಿಳುಪು ಹೋಗುವುದು 12 OTHER_____ 1 2 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ)	
Q414	Did you/your husband consult anybody or seek treatment for the health problem? ಆರೋಗ್ಯ ತೊಂದರೆಗೆ ನೀವು/ನಿಮ್ಮ ಗಂಡ ಯಾರಿಂದಾದರೂ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	YES ..... 1 NO 2	→ Q417
Q415	If yes, where did you/your husband go to consult or seek treatment? ಹೌದಾದರೆ, ನೀವು/ನಿಮ್ಮ ಗಂಡ ಎಲ್ಲಿ ಸಲಹೆ/ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO GOVERNMENT/MUNICIPAL HOSPITAL..... 1 2 GOVERNMENT DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 Continued.....	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 415 Continued OUT REACH/MCP CLINIC IN VILLAGE.....1 2 NGO/TRUST HOSPITAL/CLINIC.....1 2 GOVT. ISM HOSPITAL/CLINIC.....1 2 PRIVATE ISM HOSPITAL/CLINIC.....1 2 PRIVATE HOSPITAL/CLINIC.....1 2 CHEMIST/MEDICAL SHOP.....1 2 HOME REMEDY.....1 2 OTHER .....1 2 (SPECIFY)	
Q416	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ/ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ?	DOCTOR.....1 ANM/NURSE/LHV.....2 TRAINED DAI.....3 UNTRAINED DAI.....4 RELATIVES/FRIENDS.....5 CHEMIST/MEDICAL SHOP.....6 OTHER_____7 (SPECIFY)	
Q417	Are you satisfied with the method? ಈ ವಿಧಾನ ಬಳಕೆಯ ಬಗ್ಗೆ ನಿಮಗೆ ತೃಪ್ತಿ ಇದೆಯೇ?	YES..... 1 NO..... 2	→ Section V
Q418	**(FOR THOSE WHO ARE CURRENTLY NOT USING ANY METHOD i.e. Q402=1 OR Q403=2)** Have you/your husband used any method in the past and discontinued ? (ಸದ್ಯದಲ್ಲಿ ಯಾವುದೇ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸದೇ ಇರುವವರು ಅಂದರೆ ಪ್ರ **402=1** ಅಥವಾ ಪ್ರ **403=2**) ನೀವು/ನಿಮ್ಮ ಗಂಡ ಹಿಂದೆ ಯಾವುದಾದರೂ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸಿ ನಂತರ ನಿಲ್ಲಿಸಿದ್ದೀರಾ?	YES.....1 NO.....2	→ Q421
Q419	If yes, what was the last method you/your husband used? ಹೌದಾದರೆ, ನೀವು/ನಿಮ್ಮ ಗಂಡ ಕೊನೆಯದಾಗಿ ಬಳಸಿದ ವಿಧಾನ ಯಾವುದು	IUD/COPPER-T/LOOP.....1 ORAL PILLS.....2 CONDOM/NIRODH.....3 RHYTHM/PERIODIC ABSTINENCE.....4 WITHDRAWAL .....5 OTHER MODERN METHOD_____6 (SPECIFY) OTHER TRADITIONAL METHOD _____7 (SPECIFY)	
Q420	What was the main reason for discontinuing use of the method? ಈ ವಿಧಾನ ಬಳಸುವುದನ್ನು ನಿಲ್ಲಿಸಲು ಮುಖ್ಯವಾದ ಕಾರಣವೇನು?	WANTED CHILD.....01 ಮಗು ಬೇಕಾಗಿತ್ತು METHOD FAILED/BECAME PREGNANT.....02 ಬಳಸುತ್ತಿದ್ದ ವಿಧಾನ ವಿಫಲವಾಯಿತು/ಗರ್ಭಿಣಿಯಾದೆ SUPPLY NOT AVAILABLE.....03 ವಿದಾನ ಸರಿಯಾಗಿ ಸಿಗುತ್ತಿರಲ್ಲಿಲ್ಲ DIFFICULT TO GET METHOD.....04 ವಿದಾನ ಪಡೆದುಕೊಳ್ಳುವುದು ಕಷ್ಟಕರ WEAKNESS/INABILITY TO WORK....05 ಬಲಹೀನತೆ/ಕೆಲಸಮಾಡುವುದು ಕಷ್ಟ BODY ACHE/BACKACHE.....06 ಮೈ ಕೈ ನೋವು/ಬೆನ್ನು ನೋವು Continued.....	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 420 Continued..... CRAMPS.....07 ಜೊಮ್ಮುಹಿಡಿಯುವುದು WEIGHT GAIN.....08 ದಪ್ಪಾಗುವುದು DIZZINESS.....09 ತಲೆ ಸುತ್ತು NAUSEA/VOMITING.....10 (ಹೊಟ್ಟೆ ತೊಳಸಿದಂತಾಗಿ) ಒಕರಿಕೆ ಬರುವುದು/ವಾಂತಿಯಾಗುವುದು BREAST TENDERNESS.....11 ಸ್ತನ ಮೃದುವಾಗುವಿಕೆ IRREGULAR PERIODS.....12 ಕ್ರಮಬದ್ಧವಲ್ಲದ ಮುಟ್ಟು EXCESSIVE BLEEDING.....13 ಅಧಿಕ ರಕ್ತಸ್ರಾವ SPOTING.....14 ಬಟ್ಟೆ ಕಲೆಯಾಗುವುದು WHITE DISCHARGE.....15 ಬಿಳುಪು ಹೋಗುವುದು LACK OF PLEASURE.....16 ಲೈಂಗಿಕ ಕ್ರಿಯೆಯಲ್ಲಿ ಅತೃಪ್ತಿ METHOD WAS INCONVENINENT.....17 ಅನುಕೂಲಕರವಲ್ಲದ ವಿಧಾನ OTHER (SPECIFY)_____18 ಇತರೆ (ವಿವರಿಸಿ)	
Q421	**(CHECK Q402, IF WOMAN IS PREGNANT GO TO Q422)** (ಪ್ರ **402** ನ್ನು ನೋಡಿ. ಮಹಿಳೆ ಗರ್ಭಿಣಿಯಾಗಿದ್ದರೆ ಪ್ರ **422** ಕ್ಕೆ ಹೋಗಿ) Are you currently menstruating? ಸದ್ಯ ನೀವು ಮುಟ್ಟು ಆಗುತ್ತಾ ಇದ್ದೀರಾ?	YES.....1 ಹೌದು IN AMENORRHOEA.....2 (ಹಾಲುಕುಡಿಯುತ್ತಿರುವ) ಬಾಣಂತನದ ಅವಧಿ NEVER MENSTRUATED.....3 ಎಂದೂ ಮುಟ್ಟಾಗಿಲ್ಲ IN MENOPAUSE/HYSTERECTOMY.....4 ಮುಟ್ಟು ನಿಂತಿರುವುದು/ಗರ್ಭಕೋಶ ತೆಗೆಸಿದೆ	→ SECTION V
Q422	Has ANM/health worker ever advised you to adopt any Family Planning method? ANM/ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಎಂದಾದರೂ ಯಾವುದೇ ಕು.ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸಲು ನಿಮಗೆ ಹೇಳಿದ್ದರೇ?	YES.....1 NO.....2	→ Q424
Q423	If yes, what method did she/he advise you to use? ಹೌದಾದರೆ, ಅವರು ನಿಮಗೆ ಯಾವ ವಿಧಾನವನ್ನು ಬಳಸಲು ಹೇಳಿದ್ದರು?	FEMALE STERILISATION.....1 MALE STERILISATION.....2 IUD/COPPER-T/LOOP.....3 PILLS.....4 CONDOM/NIRODH.....5 RHYTHM/PERIODIC ABSTINENCE.....6 WITHDRAWAL.....7 OTHER (SPECIFY)_____8	
Q424	Do you intend to use any method of Family Planning at any time in the future? ಮುಂದೆ ಎಂದಾದರೂ ನೀವು ಯಾವುದಾದರೂ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಷ್ಟಪಡುತ್ತೀರಾ?	YES.....1 NO.....2 NOT YET DECIDED.....3	→ Q427

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q425	If yes, when you want to use? ಹೌದಾದರೆ, ಯಾವಾಗ ಉಪಯೋಗಿಸಬೇಕೆಂದಿದ್ದೀರಾ?	WITHIN ONE YEAR.....1 ONE TO TWO YEARS.....2 MORE THAN TWO YEARS.....3	
Q426	Which method you would prefer to use? ಯಾವ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಷ್ಟಪಡುತ್ತೀರಾ? **(CIRCLE ONLY THE MOST PREFERED METHOD)** (ಹೆಚ್ಚು ಆದ್ಯತೆ ನೀಡುವ ವಿಧಾನವನ್ನು ಮಾತ್ರ ವೃತ್ತ ಮಾಡಿ)	FEMALE STERILISATION.....1 MALE STERILISATION.....2 IUD/COPPER-T/LOOP.....3 PILLS.....4 CONDOM/NIRODH.....5 RHYTHM/PERIODIC ABSTINENCE.....6 WITHDRAWAL.....7 OTHER (SPECIFY)_____8	
Q427	**(CHECK Q402, IF WOMAN IS PREGNANT GO TO NEXT SECTION)** Would you like to have a/another child? (ಪ್ರ 402 ನ್ನು ನೋಡಿ. ಮಹಿಳೆ ಗರ್ಭಿಣಿಯಾಗಿದ್ದರೆ ಮುಂದಿನ ಭಾಗಕ್ಕೆ ಹೋಗಿ) ನಿಮಗೆ ಒಂದು ಮಗು/ಇನ್ನೊಂದು ಮಗು ಬೇಕು ಅಂತ ಬಯಸುತ್ತೀರಾ?	WANT MORE CHILDREN.....1 ಹೆಚ್ಚಿಗೆ ಮಕ್ಕಳು ಬೇಕು WANT NO MORE CHILD.....2 ಇನ್ನೊಂದು ಮಗು ಬೇಡ NOT DECIDED.....3 ಇನ್ನು ನಿರ್ಧರಿಸಿಲ್ಲ UP TO GOD.....4 ದೇವರಿಗೆ ಬಿಟ್ಟಿದ್ದು	→ Q430
Q428	Would you prefer your next child to be a girl or boy or doesn't matter? ನಿಮ್ಮ ಮುಂದಿನ ಮಗು ಗಂಡಾಗಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ ಅಥವಾ ಹೆಣ್ಣಾಗಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ ಅಥವಾ ಯಾವುದಾದರೂ ಸರಿ ಎಂದು ಬಯಸುತ್ತೀರಾ?	BOY.....1 GIRL.....2 DOESN'T MATTTER.....3 UP TO GOD.....4	
Q429	How long would you like to wait to have another child? ಇನ್ನೊಂದು ಮಗುವಾಗಲು ಎಷ್ಟು ಸಮಯ ಬಯಸುತ್ತೀರಿ?	SOON/NOW/LESS THAN 24 MONTHS.....00 MORE THAN 24 MONTHS ..... ☐☐ NOT DECIDED.....98	→ SECTION-V
Q430	What is the main reason for currently not using any method of family planning? ಸದ್ಯ ನೀವು ಯಾವುದೇ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸದೇ ಇರಲು ಮುಖ್ಯ ಕಾರಣವೇನು? **(RECORD THE MOST IMPORTANT REASON)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಅತಿ ಮುಖ್ಯವಾದ ಕಾರಣವನ್ನು ಮಾತ್ರ ದಾಖಲಿಸಿ)	LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS .....01 ಕು. ಯೋ. ವಿಧಾನಗಳ ಬಗ್ಗೆ ತಿಳುವಳಿಕೆಯ ಆಭಾವ AGAINST THE RELIGION.....02 ಧರ್ಮಕ್ಕೆ ವಿರೋಧ OPPOSED TO FAMILY PLANNING.....03 ಕು. ಯೋ. ವಿಧಾನ ಬಳಕೆಯ ವಿರೋಧಿ HUSBAND OPPOSED.....04 ಕು. ಯೋ. ವಿಧಾನ ಬಳಕೆಯ ಬಗ್ಗೆ ಗಂಡನ ವಿರೋಧ OTHER FAMILY MEMBERS OPPOSED.....05 ಕುಟುಂಬದ ಇತರೆ ಸದಸ್ಯರಿಂದ ವಿರೋಧ NOT LIKE EXISTING METHODS.....06 ಪ್ರಸಕ್ತ ವಿಧಾನಗಳು ಇಷ್ಟವಿಲ್ಲ AFRAID OF STERILIZATION.....07 ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯೆಂದರೆ ಭಯ CANNOT WORK AFTER STERILIZATION .....08 ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯನಂತರ ಮೊದಲಿನಂತೆ ಕೆಲಸಮಾಡಲು ಸಾಧ್ಯವಾಗುವುದಿಲ್ಲ Continued.....	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 430 Continued WORRY ABOUT SIDE EFFECTS..... 09 ಅಡ್ಡ ಪರಿಣಾಮಗಳ ಬಗ್ಗೆ ಚಿಂತೆ COSTS TOO MUCH ..... 10 ದುಬಾರಿ ವೆಚ್ಚ HEALTH DOES NOT PERMIT ..... 11 ಆರೋಗ್ಯ ಸಹಕಾರಿಯಾಗದಿರುವುದು HARD/INCONVENIENT TO GET METHOD .....12 ವಿಧಾನ ಪಡೆಯುವುದು ಕಷ್ಟಕರ/ಅನಾನುಕೂಲ INCONVENIENT TO USE METHOD..... 13 ವಿಧಾನ ಉಪಯೋಗಿಸುವಲ್ಲಿನ ಅನಾನುಕೂಲತೆ DIFFICULT TO BECOME PREGNANT ..... 14 ಗರ್ಭಿಣಿ ಯಾಗವ ಸಾಧ್ಯತೆ ಕಷ್ಟ OTHER (SPECIFY) _____ 15 ಇತರೆ (ವಿವರಿಸಿ)	

SECTION -V

ASSESSMENT OF QUALITY OF GOVERNMENT HEALTH SERVICES AND CLIENT SATISFACTION
(FOR ALL ELIGIBLE WOMEN)

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q501	During the last three months, has a health or family planning worker visited you at home ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ಯಾವುದೇ ಆರೋಗ್ಯ/ಕು. ಯೋಜನಾ ಕಾರ್ಯಕರ್ತರು ನಿಮ್ಮ ಮನೆಗೆ ಭೇಟಿ ಕೊಟ್ಟಿದ್ದರೇ?	YES..... 1 NO..... 2	→ Q507
Q502	If yes, who visited you at home? ಹೌದಾದರೆ, ನಿಮ್ಮ ಮನೆಗೆ ಯಾರು ಭೇಟಿ ಕೊಟ್ಟಿದ್ದರು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO DOCTOR..... 1 2 ANM/LHV..... 1 2 HEALTH WORKER (MALE)..... 1 2	
Q503	During these visits, what were the different matters talked about? ಈ ಭೇಟಿಯ ಸಮಯದಲ್ಲಿ ಆಕೆ/ಅವರು ಯಾವ ವಿಷಯದ ಬಗ್ಗೆ ಮಾತನಾಡಿದರು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO FAMILY PLANNING ..... 1 2 ಕುಟುಂಬ ಯೋಜನೆ BREAST FEEDING ..... 1 2 ಎದೆ ಹಾಲು ಕುಡಿಸುವುದು SUPPLEMENTARY FEEDING ..... 1 2 ಪೂರಕ ಆಹಾರ ನೀಡುವಬಗ್ಗೆ IMMUNIZATION ..... 1 2 ರೋಗನಿರೋಧಕ ಚುಚ್ಚುಮದ್ದು NUTRITION ..... 1 2 ಪೌಷ್ಠಿಕತೆ DISEASE PREVENTION ..... 1 2 ರೋಗಕ್ಕೊಳಗಾಗದಂತೆ ತಡೆಗಟ್ಟುವಿಕೆ TREATMENT OF HEALTH PROBLEM ..... 1 2 ಆರೋಗ್ಯ ತೊಂದರೆಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ANTENATAL CARE ..... 1 2 ಗರ್ಭಿಣಿ ಆರೈಕೆ DELIVERY CARE ..... 1 2 ಹೆರಿಗೆಯ ಆರೈಕೆ POSTPARTUM CARE ..... 1 2 ಹೆರಿಗೆ ನಂತರದ ಆರೈಕೆ CHILD CARE ..... 1 2 ಮಗುವಿನ ಆರೈಕೆ SANITATION/CLEANLINESS ..... 1 2 ನಿರ್ಮಲೀಕರಣ/ಸ್ವಚ್ಛತೆ ORAL REHYDRATION ..... 1 2 ಭೇದಿ ನಿವಾರಣೆಗೆ ಪುನರ್ ದ್ರವೀಕರಣ OTHER_____ 1 2 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ)	
Q504	What type of services did you receive during these visits? ಈ ಭೇಟಿಯಲ್ಲಿ ಯಾವ ಸೇವೆಗಳನ್ನು ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಅಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO PILL SUPPLY..... 1 2 ಗರ್ಭನಿರೋಧಕ ಗುಳಿಗೆ ಸರಬರಾಜು CONDOM SUPPLLY..... 1 2 ನಿರೋಧ್ ಚೀಲಗಳ ವಿತರಣೆ FOLLOW-UP FOR STERILIZATION..... 1 2 ಸಂತಾನ ಹರಣ ಚಿಕಿತ್ಸೆಯ ನಂತರದ ಸೇವೆಗಳು Continued.....	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 504 Continued FOLLOW-UP FOR IUD INSERTION.... 1 2 ವಂಕಿ ಧಾರಣೆಯ ನಂತರದ ಸೇವೆಗಳು FAMILY PLANNING ADVICE..... 1 2 ಕುಟುಂಬ ಯೋಜನೆ ವಿಧಾನಗಳ ಬಗ್ಗೆ ಸಲಹೆ OTHER FAMILY PLANNING SERVICE..... 1 2 ಇತರೆ ಕುಟುಂಬ ಯೋಜನಾ ಸೇವೆಗಳು IMMUNIZATION..... 1 2 ರೋಗ ನಿರೋಧಕ ಚುಚ್ಚುಮದ್ದು ANTENATAL CARE..... 1 2 ಗರ್ಭಿಣಿ ಆರೈಕೆ DELIVERY CARE.....1 2 ಹೆರಿಗೆಯ ಆರೈಕೆ POSTPARTUM CARE..... .. 1 2 ಹೆರಿಗೆ ನಂತರದ ಆರೈಕೆ DISEASE PREVENTION..... 1 2 ರೋಗಕ್ಕೊಳಗಾಗದಂತೆ ತಡೆಗಟ್ಟುವಿಕೆ MEDICAL TREATMENT FOR SELF. .. 1 2 ಸ್ವಯಂ ಮಾಹಿತಿದಾರರ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆ TREATMENT FOR SICK CHILD..... ... 1 2 ಅನಾರೋಗ್ಯಕ್ಕೊಳಗಾದ ಮಗುವಿಗೆ ಚಿಕಿತ್ಸೆ OTHER (SPECIFY) _____ 1 2 ಇತರೆ (ವಿವರಿಸಿ)	
Q505	Did she/he spend enough time with you? ಆಕೆ/ಅವರು ನಿಮ್ಮೊಂದಿಗೆ ಸಾಕಷ್ಟು ಸಮಯ ಕಳೆದರೇ?	YES.....1 NO..... 2	
Q506	Were you satisfied with services/advice given by her/him? ಆಕೆ/ಅವರು ನೀಡಿದ ಸಲಹೆ/ಸೇವೆಗಳ ಬಗ್ಗೆ ನಿಮಗೆ ತೃಪ್ತಿಯಾಯಿತೇ?	YES..... 1 NO..... 2	
Q507	During last three months did you visit any health facility for any of your health problems? ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ನಿಮ್ಮ ಯಾವುದೇ ಆರೋಗ್ಯ ತೊಂದರೆಗೆ ನೀವು ಯಾವುದಾದರೂ ಆರೋಗ್ಯ ಸೌಲಭ್ಯಕ್ಕೆ ಭೇಟಿ ಕೊಟ್ಟಿದ್ದೀರಾ?	NO, THERE WAS NO HEALTH PROBLEM.... 1 ಇಲ್ಲ, ಯಾವುದೇ ಆರೋಗ್ಯ ತೊಂದರೆ ಇರಲಿಲ್ಲ DID NOT VISIT ANY..... 2 ಯಾವುದೇ ಆರೋಗ್ಯ ಸೌಲಭ್ಯಕ್ಕೆ ಭೇಟಿ ನೀಡಿಲ್ಲ YES VISITED..... 3 ಹೌದು ಭೇಟಿ ನೀಡಿದ್ದೆ	→ GO TO SEC-VI
Q508	If yes, where did you go last ? ಹೌದಾದರೆ, ಕಳೆದ ಬಾರಿ ಎಲ್ಲಿಗೆ ಭೇಟಿ ಕೊಟ್ಟಿದ್ದಿರಿ?	GOVERNMENT HOSPITAL/CHC/FRU/RH..... 1 GOVERNMENT DISPENSARY.....2 PHC.....3 SUB CENTER..... 4 GOVT. ISM HOSPITAL/DISPENSARY..... 5 PRIVATE HOSPITAL.....6 PRIVATE DISPENSARY..... 7 PRIVATE ISM HOSPITAL/DISPENSARY..... 8 OTHER _____ 9 (SPECIFY)	→ Q512
Q509	What topics were discussed during the visit ? ಈ ಭೇಟಿಯಲ್ಲಿ ಯಾವ ವಿಷಯಗಳನ್ನು ಚರ್ಚಿಸಲಾಯಿತು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO FAMILY PLANNING ..... 1 2 ಕುಟುಂಬ ಯೋಜನೆ BREAST FEEDING ..... 1 2 ಎದೆ ಹಾಲು ಕುಡಿಸುವುದು Continued.....	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 509 Continued SUPPLEMENTARY FEEDING .....1 2 ಪೂರಕ ಆಹಾರ IMMUNIZATION .....1 2 ರೋಗನಿರೋಧಕ ಚುಚ್ಚುಮದ್ದು NUTRITION .....1 2 ಪೌಷ್ಠಿಕತೆ DISEASE PREVENTION .....1 2 ರೋಗಕ್ಕೊಳಗಾಗದಂತೆ ತಡೆಗಟ್ಟುವಿಕೆ TREATMENT OF HEALTH PROBLEM .....1 2 ಆರೋಗ್ಯ ತೊಂದರೆಗೆ ಚಿಕಿತ್ಸೆ ANTENATAL CARE .....1 2 ಗರ್ಭಿಣಿ ಆರೈಕೆ DELIVERY CARE .....1 2 ಹೆರಿಗೆಯ ಆರೈಕೆ POSTPARTUM CARE .....1 2 ಹೆರಿಗೆ ನಂತರದ ಆರೈಕೆ CHILD CARE .....1 2 ಮಗುವಿನ ಆರೈಕೆ SANITATION/CLEANLINESS .....1 2 ನಿರ್ಮಲೀಕರಣ/ಸ್ವಚ್ಚತೆ ORAL REHYDRATION .....1 2 ಭೇದಿ ನಿವಾರಣೆಗೆ ಪುನರ್ ದ್ರವೀಕರಣ OTHER_____ _____ 1 2 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ)	
Q510	What services received? ಯಾವ ಸೇವೆಗಳನ್ನು ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಅಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO PILL SUPPLY.....1 2 ಗರ್ಭನಿರೋಧಕ ಗುಳಿಗೆ ಸರಬರಾಜು CONDOM SUPPLLY.....1 2 ನಿರೋಧ್ ಚೀಲಗಳ ವಿತರಣೆ FOLLOW-UP FOR STERILIZATION.....1 2 ಸಂತಾನ ಹರಣ ಚಿಕಿತ್ಸೆಯ ನಂತರದ ಸೇವೆಗಳು FOLLOW-UP FOR IUD INSERTION/PILLS 1 2 ವಂಕಿ ಧಾರಣೆ/ಮಾತ್ರೆ ಕೊಟ್ಟ ನಂತರದ ಸೇವೆಗಳು FAMILY PLANNING ADVICE.....1 2 ಕುಟುಂಬ ಯೋಜನೆ ವಿಧಾನಗಳ ಬಗ್ಗೆ ಸಲಹೆ OTHER FAMILY PLANNING SERVICE.....1 2 ಇತರೆ ಕುಟುಂಬ ಯೋಜನಾ ಸೇವೆಗಳು IMMUNIZATION.....1 2 ರೋಗ ನಿರೋಧಕ ಚುಚ್ಚುಮದ್ದು ANTENATAL CARE.....1 2 ಗರ್ಭಿಣಿ ಆರೈಕೆ DELIVERY CARE.....1 2 ಹೆರಿಗೆಯ ಆರೈಕೆ POSTPARTUM CARE.....1 2 ಹೆರಿಗೆ ನಂತರದ ಆರೈಕೆ DISEASE PREVENTION.....1 2 ರೋಗಕ್ಕೊಳಗಾಗದಂತೆ ತಡೆಗಟ್ಟುವಿಕೆ Continued.....	

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 510 Continued MEDICAL TREATMENT FOR SELF.....1 2 ಸ್ವಯಂ ಮಾಹಿತಿದಾರರ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆ TREATMENT FOR SICK CHILD.....1 2 ಅನಾರೋಗ್ಯಕ್ಕೊಳಗಾದ ಮಗುವಿಗೆ ಚಿಕಿತ್ಸೆ OTHER (SPECIFY) _____1 2 ಇತರೆ (ವಿವರಿಸಿ)	

Q511 How will you rate the health facilities you visited last?
ಕಳೆದ ಬಾರಿ ನೀವು ಭೇಟಿ ನೀಡಿದ ಆರೋಗ್ಯ ಸೌಲಭ್ಯದ ಬಗ್ಗೆ ನಿಮಗೆ ಹೇಗೆನಿಸುತ್ತದೆ?

(ANSWER IN THE APPROPRIATE BOX BY USING CODE NUMBER)
(ಆಯಾ ಪಟ್ಟಿಗೆಗಳಲ್ಲಿ ಕೋಡ್ ಬಳಸಿ ಉತ್ತರಗಳನ್ನು ಬರೆಯಿರಿ)

STATEMENT/ವರದಿ	POOR ಕೀಳುಮಟ್ಟ	GOOD ಚೆನ್ನಾಗಿತ್ತು	EXCELLENT ಉತ್ತಮವಾಗಿತ್ತು
CODES	1	2	3
1. The Convenience of the health facility location ಆರೋಗ್ಯ ಸೌಲಭ್ಯ ಇರುವ ಸ್ಥಳದ ಅನುಕೂಲತೆ			
2. Length of time spent towards waiting ಸೇವೆಗಾಗಿ ಸಮಯ ಕಾಯುವುದು	Long 1	Average 2	No waiting 3
3. Personal manner (courtesy, respect, sensitivity, friendlines) of the physician. only for PHC & above facility) ವೈದ್ಯರ (ಪ್ರಾ.ಆ.ಕೇಂದ್ರ ಮತ್ತು ಮೇಲ್ಪಟ್ಟ ಸೌಲಭ್ಯಗಳಿಗೆ ಮಾತ್ರ) ವೈಯ್ಯಕ್ತಿಕ ನಡವಳಿಕೆ (ಗೌರವ, ಸೂಕ್ಷ್ಮತೆ, ಸ್ನೇಹಶೀಲತೆ)			
4. The technical skills and quality(thoroughness, carefulness, competence) of the physcian (Only for PHC & above facility) ವೈದ್ಯರ (ಪ್ರಾ.ಆ.ಕೇಂದ್ರ ಮತ್ತು ಮೇಲ್ಪಟ್ಟ ಸೌಲಭ್ಯಗಳಿಗೆ ಮಾತ್ರ) ತಾಂತ್ರಿಕ ಕೌಶಲ್ಯತೆ ಮತ್ತು ಗುಣಮಟ್ಟ (ಪರಿಪೂರ್ಣತೆ, ಮುಂಜಾಗ್ರತೆ, ಸಾಮರ್ಥ್ಯ)			
5. Personal manner (courtesy, respect, sensitivity, friendliness) of the nurse. ಶುಶ್ರೂಷಕಿಯ ತಾಂತ್ರಿಕ ಕೌಶಲ್ಯತೆ ಮತ್ತು ಗುಣಮಟ್ಟ (ಗೌರವ, ಸೂಕ್ಷತೆ, ಸ್ನೇಹಶೀಲತೆ)			
6. The technical skills and quality (thoroughness, carefulness, competence) of nurse. ಶುಶ್ರೂಷಕಿಯ ತಾಂತ್ರಿಕ ಕೌಶಲ್ಯತೆ ಮತ್ತು ಗುಣಮಟ್ಟ (ಪರಿಪೂರ್ಣತೆ, ಮುಂಜಾಗ್ರತೆ, ಸಾಮರ್ಥ್ಯ)			
7. Personal manner(courtesy, respect sensitivity, friendliness) of other staff.(Only for PHC & above facility) ಇತರೆ ಸಿಬ್ಬಂದಿಯ (ಪ್ರಾ.ಆ.ಕೇಂದ್ರ ಮತ್ತು ಮೇಲ್ಪಟ್ಟ ಸೌಲಭ್ಯಗಳಿಗೆ ಮಾತ್ರ) ನಡವಳಿಕೆ (ಗೌರವ, ಸೂಕ್ಷ್ಮತೆ, ಸ್ನೇಹಶೀಲತೆ)			
8. The Technical skills and quality ((thoroughness, carefulness, competence) of other paramedical staff. ಇತರೆ ಆರೋಗ್ಯ ಸಿಬ್ಬಂದಿಯ ತಾಂತ್ರಿಕ ಕೌಶಲ್ಯತೆ ಮತ್ತು ಗುಣಮಟ್ಟ (ಪರಿಪೂರ್ಣತೆ, ಮುಂಜಾಗ್ರತೆ, ಸಾಮರ್ಥ್ಯ)			
9. The explanantion of what was done to you. ನಿಮಗೆ ಏನುಮಾಡಿದರೆಂಬುದರ ವಿವರಣೆ Continued.....			

.....Q. 511 Continued STATEMENT/ವರದಿ	POOR ಕೀಳುಮಟ್ಟ	GOOD ಚೆನ್ನಾಗಿತ್ತು	EXCELLENT ಉತ್ತಮವಾಗಿತ್ತು
CODES	1	2	3
10. Medical, Surgical and diagnostic equipment. ವೈದ್ಯಕೀಯ, ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯ ಮತ್ತು ರೋಗ ಗುರುತಿಸುವ ಉಪಕರಣಗಳು			
11. General comfort/ಸಾಮಾನ್ಯ ಹಿತ–ಸೌಕರ್ಯ			

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.512	**(IF SHE VISITED PRIVATE HOSPITAL OR PRIVATE DISPENSARY)** (ಈ ಮಹಿಳೆ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆ ಅಥವಾ ದವಾಖಾನೆಗೆ ಭೇಟಿ ನೀಡಿದ್ದರೆ) What is the main reason for not visiting the government health facility)? ಸರ್ಕಾರಿ ಆರೋಗ್ಯ ಸೌಲಭ್ಯಕ್ಕೆ ಭೇಟಿ ಕೊಡದಿರಲು ಮುಖ್ಯ ಕಾರಣವೇನು?	NOT CONVENIENTLY LOCATED..... 01 ಅನುಕೂಲವಾದ ಸ್ಥಳದಲ್ಲಿ ಆಸ್ಪತ್ರೆ ಇಲ್ಲದಿರುವುದು TIME IS NOT SUITED..... 02 ಸಮಯ ಅನುಕೂಲಕರವಾಗಿಲ್ಲ POOR QUALITY OF SERVICES..... 03 ಕೀಳುಮಟ್ಟದ ಸೇವೆಗಳು HEAVY RUSH..... 04 ರೋಗಿಗಳ ನೂಕುನುಗ್ಗಲು NON-AVAILABILITY OF DOCTORS/ HEALTH WORKERS..... 05 ವೈದ್ಯರು/ಆರೋಗ್ಯಕಾರ್ಯಕರ್ತರು ಅಲಭ್ಯ RARE AVAILABILITY OF DOCTORS/ HEALTH WORKERS..... 06 ಅಪರೂಪಕ್ಕೆ ಲಭ್ಯವಿರುವ ವೈದ್ಯರು/ ಆರೋಗ್ಯಕಾರ್ಯಕರ್ತರು DOCTORS/HEALTH WORKERS DO NOT EXAMINE PROPERLY..... 07 ವೈದ್ಯರು/ಆರೋಗ್ಯಕಾರ್ಯಕರ್ತರು ಸರಿಯಾಗಿ ರೋಗ ತಪಾಸಣೆ ಮಾಡುವುದಿಲ್ಲ MEDICINE NOT/RARELY GIVEN..... 08 ಔಷಧ ಸಿಗುವುದಿಲ್ಲ/ಸಿಗುವುದು ಅಪರೂಪ MEDICINE ARE OF BAD QUALITY..... 09 ಸಿಗುವ ಔಷಧ ಮಾತ್ರೆಗಳು ಕೀಳುಮಟ್ಟದ್ದು DOCTORS/PARAMEDICAL STAFF DOES NOT BEHAVE PROPERLY..... 10 ವೈದ್ಯರು/ಸಹಾಯಕ ಸಿಬ್ಬಂದಿಯವರು ಸರಿಯಾಗಿ ವರ್ತಿಸುವುದಿಲ್ಲ SERVICES ARE CHARGED..... 11 ಸೇವಾ ಸೌಲಭ್ಯಗಳಿಗೆ ಹಣ ಕೊಡಬೇಕು REFERRED BY GOVT. DOCTORS..... 12 ಖಾಸಗಿಯವರಿಗೆ ಸರ್ಕಾರಿ ವೈದ್ಯರು ಶಿಫಾರಸ್ಸು ಮಾಡಿದರು OTHER_____ 88 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ)	

SECTION - VI
AWARENESS ABOUT RTI /STI AND HIV (AIDS)

Q.NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	MENSTRUATION RELATED PROBLEMS ಮುಟ್ಟಿಗೆ ಸಂಬಂಧಿಸಿದ ತೊಂದರೆಗಳು		
Q.600	Are you currently menstruating? ಸದ್ಯ ನೀವು ಮುಟ್ಟಾಗುತ್ತಾ ಇದ್ದೀರಾ?	YES..... 1 NO PREGNANT..... 2 NO MENOPAUSE..... 3 NO AMEHORIA..... 4	→ Q.607
Q.601	During the last three months did you have any menstruation related problem? ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ಮುಟ್ಟಿಗೆ ಸಬಂಧಿಸಿದ ತೊಂದರೆಗಳೇನಾದರೂ ನಿಮಗೆ ಆಗಿತ್ತೇ?	YES..... 1 NO..... 2 →	Q.607
Q.602	What are the problems you have/had? ನಿಮಗೆ ಯಾವ ತೊಂದರೆಯಾಗಿತ್ತು? **(DO NOT READ OUT THE OPTIONS** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO NO PERIODS..... 1 2 ಮುಟ್ಟಾಗುತ್ತಿಲ್ಲ PAINFUL PERIODS..... 1 2 ನೋವು ಭರಿತ ಮುಟ್ಟು FREQUENT OR SHORT PERIODS..... 1 2 ಪದೇ ಪದೇ ಅಥವಾ ಮೊಟಕು ಅವಧಿಯ ಮುಟ್ಟು DELAYED PERIODS..... 1 2 ತಡವಾಗಿ ಆಗುವ ಮುಟ್ಟು PROLONGED BLEEDING..... 1 2 ಮುಂದುವರಿಯಲ್ಪಟ್ಟ ರಕ್ತಸ್ರಾವ EXCESSIVE BLEEDING..... 1 2 ಅಧಿಕ ರಕ್ತಸ್ರಾವ CONTINUOUS BLEEDING..... 1 2 ನಿರಂತರ ರಕ್ತಸ್ರಾವ SCANTY BLEEDING..... 1 2 ಅಲ್ಪಪ್ರಮಾಣದ ರಕ್ತಸ್ರಾವ INTER-MENSTRUAL BLEEDING..... 1 2 ಅಂತರಿಕ ರಕ್ತಸ್ರಾವದ ಮುಟ್ಟು	
Q.603	Since/how long do you have this problem? ಎಷ್ಟು ಸಮಯದಿಂದ ಈ ತೊಂದರೆ ಇದೆ?	MONTHS..... ☐☐	
Q.604	Did you consult anybody or seek treatment for this problem? ಈ ತೊಂದರೆಗೆ ಯಾರಿಂದಾದರೂ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	YES..... 1 NO..... 2 →	Q.607
Q.605	Where did you go for consultation or treatment for any menstruation related problem? ಮುಟ್ಟಿಗೆ ಸಂಬಂಧಪಟ್ಟ ಯಾವುದೇ ತೊಂದರೆಗೆ ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO GOVERNMENT/MUNICIPAL HOSPITAL..... 1 2 GOVERNMENT DISPENSARY..... 1 2 UHC/UHP/UFWC..... 1 2 CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 OUT REACH/MCP CLINIC IN VILLAGE..... 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT. ISM HOSPITAL/CLINIC..... 1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC..... 1 2 Continued.....	

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
		.....Q. 605 Continued CHEMIST/MEDICAL SHOP.....1 2 HOME REMEDY.....1 2 OTHER.....1 2 (SPECIFY)	
Q.606	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO DOCTOR.....1 2 ANM/NURSE/LHV.....1 2 TRAINED DAI.....1 2 UNTRAINED DAI.....1 2 RELATIVES/FRIENDS.....1 2 CHEMIST/MEDICAL SHOP.....1 2 OTHER.....1 2 (SPECIFY)	

REPRODUCTIVE TRACT INFECTION/SEXUALLY TRANSMITTED INFECTION

ಜನನಾಂಗ/ಲೈಂಗಿಕ ಸೋಂಕು ಖಾಯಿಲೆ

Q.607	Have you heard of an illness called Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection(STI)? ನೀವು ಜನನಾಂಗ/ಲೈಂಗಿಕ ಸೋಂಕು ಖಾಯಿಲೆಯ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES.....1 NO.....2 →	Q611
Q.608	From which sources of information or persons have you heard about RTI/ STI? ನೀವು ಯಾವ ಸುದ್ದಿ ಮೂಲಗಳಿಂದ ಅಥವಾ ಯಾರಿಂದ ಜನನಾಂಗ/ಲೈಂಗಿಕ ಸೋಂಕು ಖಾಯಿಲೆಯ ಬಗ್ಗೆ ಕೇಳಿದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO 1. RADIO.....1 2 2. TV.....1 2 3. NEWS PAPERS/BOOKS/MAGAZINES.....1 2 4. SLOGANS/PAMPHLETS/ POSTERS/WALL HOARDINGS.....1 2 5. DOCTOR.....1 2 6. HEALTH WORKERS.....1 2 7. SCHOOL TEACHERS.....1 2 8. COMMUNITY MEETING.....1 2 9. RELATIVES/FRIENDS.....1 2 10. OTHER_____1 2 (SPECIFY)	
Q.609	How is RTI/STI transmitted? ಜನನಾಂಗ/ಲೈಂಗಿಕ ಸೋಂಕು ಖಾಯಿಲೆಯು ಹೇಗೆ ಹರಡುತ್ತದೆ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO 1. HOMOSEXUAL INTERCOURSE.....1 2 ಸಲಿಂಗ ರತಿ 2. HETEROSEXUAL INTERCOURSE.....1 2 ಪರಲಿಂಗ ರತಿ ಕ್ರಿಯೆ 3. LACK OF PERSONAL HYGIENE.....1 2 ವೈಯ್ಯಕ್ತಿಕ ನೈರ್ಮಲ್ಯತೆಯ ಅಭಾವ 4. OTHER_____1 2 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ) 5. DO NOT KNOW.....1 ಗೊತ್ತಿಲ್ಲ	
Q.610	Do you think RTI/STI is a curable disease? ಜನನಾಂಗ/ಲೈಂಗಿಕ ಸೋಂಕು ಖಾಯಿಲೆಯು ವಾಸಿಯಾಗಬಲ್ಲದೆಂದು ನಿಮಗೆ ಅನಿಸುತ್ತದೆಯೇ?	YES.....1 NO.....2 DO NOT KNOW.....9	

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
	REPRODUCTIVE TRACT INFECTION/SEXUALLY TRANSMITTED INFECTION SYMPTOM ಜನನಾಂಗ/ಲೈಂಗಿಕ ಸೋಕು ಖಾಯಿಲೆಯ ಲಕ್ಷಣ		
Q.611	During last three months did you have following problem? ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ನಿಮಗೆ ಈ ತೊಂದರೆಗಳೇನಾದರೂ ಆಗಿತ್ತೇ? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದರ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO ITCHING OVER VULVA.....1 2 ಯೋನಿಯ ಮೇಲೆ ನವೆಯಾಗುವುದು BOILS/ULCERS/WARTS AROUND VULVA.....1 2 ಯೋನಿಸುತ್ತ ಕುರು/ಹುಣ್ಣು/ಗುಳ್ಳೆಗಳು PAIN IN LOWER ABDOMEN NOT RELATEDTO MENSUS..... 1 2 ಮುಟ್ಟಿಗೆ ಸಂಬಂದಿಸದ ಕಿಬ್ಬೊಟ್ಟೆ ನೋವು LOW BACKACHE.....1 2 ಬೆನ್ನಿನ ಕೆಳ ಭಾಗದಲ್ಲಿ ನೋವು PAIN DURING SEXUAL INTERCOURSE..... 1 2 ಸಂಭೋಗದ ಸಮಯದಲ್ಲಿ ನೋವು BLEEDING AFTER SEXUAL INTERCOURSE..... 1 2 ಸಂಭೋಗದ ನಂತರ ರಕ್ತಸ್ರಾವ SWELLING IN THE GROIN..... 1 2 ತೊಡೆ ಸಂದಿಯಲ್ಲಿ ಊತ FREQUENT/PAINFUL PASSAGE OF URINE.....1 2 ಪದೇ ಪದೇ/ನೋವು ಭರಿತ ಮೂತ್ರ ವಿಸರ್ಜನೆ FEVER.....1 2 ಜ್ವರ SOME MASS COMING OUT OF VAGINA..... .....1 2 ಯೋನಿಯಿಂದ ಗಡ್ಡೆ ಕಟ್ಟಿದಂತಹ ವಸ್ತು ಹೊರಬರುವುದು ANY INVOLUNTARY ESCAPE OF URINE WHILE COUGHING OR SNEEZING.....1 2 ಕೆಮ್ಮಿದಾಗ ಅಥವಾ ಸೀನಿದಾಗ ಅರಿಯದಂತೆ ಮೂತ್ರವಿಸರ್ಜನೆ SWELLING/LUMP IN BREAST..... 1 2 ಊದಿಕೊಂಡ/ಗಂಟುಕಟ್ಟಿದ ಸ್ತನ	IF "NO" FOR ALL GO TO Q 612
Q.611X	Did you consult anybody or seek treatment for this problem? ಈ ತೊಂದರೆಗೆ ಯಾರಿಂದಾದರೂ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	YES.....1 NO.....2	→ Q.612
Q.611Y	Where did you go for consultation or treatment of your problem? ನಿಮ್ಮ ಈ ತೊಂದರೆಗೆ ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO GOVERNMENT/MUNICIPAL HOSPITAL..... .....1 2 GOVERNMENT DISPENSARY.....1 2 UHC/UHP/UFWC.....1 2 CHC/RURAL HOSPITAL.....1 2 PHC.....1 2 SUB CENTER.....1 2 OUT REACH/MCP CLINIC IN VILLAGE.....1 2 NGO/TRUST HOSPITAL/CLINIC.....1 2 GOVT. ISM HOSPITAL/CLINIC.....1 2 PRIVATE ISM HOSPITAL/CLINIC.....1 2 PRIVATE HOSPITAL/CLINIC.....1 2 CHEMIST/MEDICAL SHOP.....1 2 HOME REMEDY.....1 2 OTHER.....1 2 (SPECIFY)	

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
Q.611Z	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO DOCTOR..... 1 2 ANM/NURSE/LHV..... 1 2 TRAINED DAI..... 1 2 UNTRAINED DAI..... 1 2 RELATIVES/FRIENDS..... 1 2 CHEMIST/MEDICAL SHOP.....1 2 OTHER.....1 2 (SPECIFY)	
Q.612	During the last three months did you have any abnormal vaginal discharge? ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ನಿಮಗೆ ಅಸಹಜ ಯೋನಿಸ್ರಾವವೇನಾದರೂ ಆಗಿತ್ತೇ	YES.....1 NO.....2	→ Q621
Q.613	Does/did it wet or stain your under clothes? ಇದರಿಂದ ನಿಮ್ಮ ಒಳ ಉಡುಪು ಒದ್ದೆ ಅಥವಾ ಕಲೆ ಆಯಿತೆ?	YES.....1 NO.....2	
Q.614	What is /was the colour of discharge? ಸ್ರಾವ ಯಾವ ಬಣ್ಣದ್ದಿತ್ತು?	COLOURLESS..... 1 ಬಣ್ಣರಹಿತ GREEN.....2 ಹಸಿರು YELLOWISH..... 3 ಹಳದಿ ಮಿಸ್ರಿತ BLOOD STAINED.....4 ರಕ್ತ ಕಲೆ WHITE..... 5 ಬಿಳಿ	
Q615	What is/was the texture of the discharge? ಸ್ರಾವ ಯಾವ ತರಹದ್ದಾಗಿತ್ತು?	STICKY MUCOID..... 1 ಅಂಟಂಟಾದ ಲೋಳೆ ತರಹ FROTHY..... 2 ನೊರೆ ತರಹ CURDISH..... 3 ಮೊಸರು ತರಹ PURULENT(PUS LIKE)..... 4 ಕೀವು ತರಹ	
Q616	What is/was the odour of discharge? ಸ್ರಾವದ ವಾಸನೆ ಯಾವ ತರಹದ್ದಿತ್ತು?	FOUL..... 1 ಕೊಳಕು / ನಾರುವಂಥದ್ದು NONE..... 2 ಯಾವುದೂ ಇಲ್ಲ	
Q.617	How long you have been having the problem? ಎಷ್ಟು ಸಮಯದಿಂದ ನಿಮಗೆ ಈ ತೊಂದರೆ ಇದೆ?	MONTHS..... ☐☐	
Q618	Did you consult anybody or seek treatment for this problem? ಈ ತೊಂದರೆಗೆ ನೀವು ಯಾರಿಂದಾದರೂ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದೀರಾ?	YES..... 1 NO..... 2	→ Q621
Q.619	Where did you go for consultation or treatment for your problem? ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ? **(DO NOT READ OUT THE OPTIONS)**	YES NO GOVERNMENT/MUNICIPAL HOSPITAL.....1 2 GOVERNMENT DISPENSARY.....1 2 UHC/UHP/UFWC..... 1 2 Continued.....	

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
	(ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	.....Q. 619 Continued YES NO CHC/RURAL HOSPITAL..... 1 2 PHC..... 1 2 SUB CENTER..... 1 2 OUT REACH/MCP CLINIC IN VILLAGE.. 1 2 NGO/TRUST HOSPITAL/CLINIC..... 1 2 GOVT.ISM HOSPITAL.CLINIC..... 1 2 PRIVATE ISM HOSPITAL/CLINIC..... 1 2 PRIVATE HOSPITAL/CLINIC..... 1 2 CHEMIST/MEDICAL SHOP..... 1 2 HOME REMEDY..... 1 2 OTHER_____ 1 2 (SPECIFY)	
Q.620	Whom did you consult or from whom did you seek treatment? ಯಾರಿಂದ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದಿರಿ?	DOCTOR.....1 ANM/NURSE/LHV.....2 TRAINED DAI.....3 UNTRAINED DAI.....4 RELATIVES/FRIENDS.....5 CHEMIST/MEDICAL SHOP.....6 OTHER.....7 (SPECIFY)	
Q.621.	Have you heard of an illness called HIV/AIDS? ನೀವು HIV/ಏಡ್ಸ್ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES..... 1 NO..... 2	→ Q.627
Q.622	From which sources of information or persons have you heard about HIV/AIDS? ಯಾವ ಸುದ್ದಿ ಮೂಲಗಳಿಂದ ಅಥವಾ ಯಾರಿಂದ ನೀವು HIV/ಏಡ್ಸ್ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO 1. RADIO..... 1 2 2. TV..... 1 2 3. NEWS PAPERS/BOOKS/ MAGAZINES..... 1 2 4. SLOGANS/PAMPHLETS/ POSTERS/WALL HOARDINGS..... 1 2 5. DOCTOR..... 1 2 6. HEALTH WORKERS..... 1 2 7. SCHOOL TEACHERS..... 1 2 8. COMMUNITY MEETING..... 1 2 9. RELATIVES/FRIENDS..... 1 2 10. OTHER_____ 1 2 (SPECIFY	
Q.623	How is HIV/AIDS TRANSMITTED? HIV/ಏಡ್ಸ್ ರೋಗವು ಹೇಗೆ ಹರಡುತ್ತದೆ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO 1. HOMOSEXUAL INTERCOURSE..... 1 2 ಸಲಿಂಗ ರತಿ 2. HETEROSEXUAL INTERCOURSE..... 1 2 ಪರಲಿಂಗ ರತಿ ಕ್ರಿಯೆ 3. NEEDLES/BLADES/SKIN PUNCTURE.. 1 2 ಸೂಜಿಗಳು/ಬ್ಲೇಡ್‌ಗಳು ಚರ್ಮ ಚುಚ್ಚುವುದು 4. MOTHER TO CHILD..... 1 2 ತಾಯಿಯಿಂದ ಮಗುವಿಗೆ 5. TRANSFUSION OF INFECTED BLOOD 1 2 ಸೋಂಕುಯುಕ್ತ ರಕ್ತ ಕೊಡುವುದರಿಂದ 6. OTHER_____ 1 2 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ) 7. DO NOT KNOW..... 1 ಗೊತ್ತಿಲ್ಲ	

Q.NO.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
Q.624	Do you think that one can get HIV/AIDS from someone who has HIV/AIDS by: HIV/ಏಡ್ಸ್ ಇರುವ ಒಬ್ಬ ರೋಗಿಯಿಂದ ಬೇರೊಬ್ಬ ವ್ಯಕ್ತಿಗೆ HIV/ಏಡ್ಸ್ ರೋಗ ಈ ಮೂಲಕ ಬರಬಹುದೆಂದು ನೀವು ಭಾವಿಸುತ್ತೀರಾ? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದರ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO DK 1. SHAKING HANDS..... 1 2 9 ಆ ವ್ಯಕ್ತಿಯ ಹಸ್ತಲಾಘನದಿಂದ 2. HUGGING..... 1 2 9 ಆ ವ್ಯಕ್ತಿಯನ್ನು ತಬ್ಬಿಕೊಳ್ಳುವುದರಿಂದ 3. KISSING..... 1 2 9 ಆ ವ್ಯಕ್ತಿಗೆ ಮುತ್ತುಕೊಡುವುದರಿಂದ 4. SHARING CLOTHES.....1 2 9 ಆ ವ್ಯಕ್ತಿಯ ಬಟ್ಟೆ ಉಪಯೋಗಿಸುವುದರಿಂದ 5. SHARING EATING UTENSILS.....1 2 9 ಆ ವ್ಯಕ್ತಿಯು ಬಳಸಿದ ಪಾತ್ರೆಯ ಬಳಕೆಯಿಂದ 6. STEPPING ON URINE/STOOL... 1 2 9 ಆ ವ್ಯಕ್ತಿಯ ಮೂತ್ರ, ಮಲ ತುಳಿಯುವುದರಿಂದ 7. MOSQUITO FLEA OR BEDBUG BITES.....1 2 9 ಆ ವ್ಯಕ್ತಿಯನ್ನು ಕಡಿದ ಸೊಳ್ಳೆ,ನೊಣ, ತಿಗಣೆಗಳಿಂದ	
Q.625	How do you think one can avoid HIV/AIDS? ಒಬ್ಬ ವ್ಯಕ್ತಿಗೆ HIV/ಏಡ್ಸ್ ಬರದಂತೆ ಹೇಗೆ ತಡಗಟ್ಟಬಹುದೆಂದು ನಿಮಗನಿಸುತ್ತದೆ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	YES NO 1. SEX WITH ONLY ONE PARTNER..... 1 2 ಒಬ್ಬಸಂಗಾತಿ ಜೊತೆ ಮಾತ್ರ ಲೈಂಗಿಕ ಕ್ರಿಯೆ 2. USING CONDOMS CORRECTLY DURING EACH SEXUAL INTERCOURSE..... 1 2 ಪ್ರತಿ ಸಂಭೋಗದಲ್ಲೂ ನಿರೋಧ್ ಬಳಕೆ 3. CHECKING BLOOD PRIOR TO TRANSFUSION..... 1 2 ರಕ್ತ ಕೊಡುವ ಮುನ್ನ ಸೋಂಕಿನ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸುವುದು 4. STERILIZING NEEDLES AND SYRINGES FOR INJECTION..... 1 2 ಚುಚ್ಚುಮದ್ದು ಕೊಡುವಾಗ ಶುದ್ಧೀಕರಿಸಿದ ಸೂಜಿ ಮತ್ತು ಸಿರಂಜ್‌ಗಳ ಬಳಕೆ 5. AVOIDING PREGNANCY WHEN HAVING HIV(AIDS)..... 1 2 HIV/ಏಡ್ಸ್ ಇದ್ದಾಗ ಗರ್ಬಿಣಿಯಾಗದಂತೆ ತಡೆಯುವುದು 6. OTHER_____ 1 2 (SPECIFY) ಇತರೆ (ವಿವರಿಸಿ) 7. DO NOT KNOW..... 9 ಗೊತ್ತಿಲ್ಲ	
Q.626	Do you think HIV/AIDS is a curable disease HIV/ಏಡ್ಸ್ ವಾಸಿಯಾಗಬಲ್ಲ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗನಿಸುತ್ತದೆಯೇ?	YES.....1 NO.....2 DO NOT KNOW.....3	
Q 627	RECORD THE TIME	HOURS ☐☐ MINUTES ☐☐	

DISTRICT LEVEL HOUSEHOLD SURVEY
REPRODUCTIVE AND CHILD HEALTH (RCH)
Round II, Phase II, 2003-2004

Confidential for research purpose only

HUSBAND'S QUESTIONNAIRE

IDENTIFICATION

STATE _____

DISTRICT _____

TAHSIL/TALUK/COMMUNITY DEVELOPMENT BLOCK _____

PSU (VILLAGE/URBAN WARD/UFS) _____

VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK _____

TYPE OF LOCALITY: RURAL.....1 URBAN.....2 ☐

HEAD OF THE HOUSEHOLD

NAME _____

ADDRESS _____

_____

_____

NAME OF THE HUSBAND OF ELIGIBLE WOMAN _____

SERIAL NUMBER OF VILLAGE QUESTIONNAIRE _____

SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE _____

SERIAL NUMBER OF WIFE'S QUESTIONNAIRE _____

SERIAL NUMBER OF HUSBAND'S QUESTIONNAIRE _____

(TO BE ENTERED AT OFFICE)

INTERVIEW DATE — DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐

	SPOT CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY
NAME				
DATE				

_____
NAME OF THE INVESTIGATOR

_____
SIGNATURE OF THE INVESTIGATOR

(ASK ONLY TO HUSBAND OF THE ELIGIBLE WOMAN)

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q100	Record the time	☐☐	
Q101	Write the line number of respondent from HH schedule ಸಂದರ್ಶನ ನೀಡುವವರ ಕ್ರಮಸಂಖ್ಯೆಯನ್ನು ಕುಟುಂಬ ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿರುವಂತೆ ಬರೆಯಿರಿ.	☐☐	
Q102	Write the line number of wife of respondent from HH schedule ಸಂದರ್ಶನ ನೀಡಿರುವವರ ಹೆಂಡತಿಯ ಕ್ರಮಸಂಖ್ಯೆಯನ್ನು ಕುಟುಂಬ ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿರುವಂತೆ ಬರೆಯಿರಿ	☐☐	
Q103	How old are you? ನಿಮ್ಮ ವಯಸ್ಸೆಷ್ಟು?	AGE IN COMPLETED YEARS ☐☐	
Q104	Can you read and write? ನಿಮಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತ್ತದೆಯೇ?	YES..... 1 NO..... 2 →	Q106
Q105	How many years of schooling have you completed? ಎಷ್ಟು ವರ್ಷಗಳು ಶಾಲೆಯಲ್ಲಿ ಕಲಿತಿದ್ದೀರಾ?	YEARS ☐☐	
Q106	Have you heard of an illness called Reproductive Tract Infection/Sexually Transmitted Infections (RTI/STI)? ನೀವು ಜನನಾಂಗಗಳ ಸೋಂಕು/ಲೈಂಗಿಕ ಖಾಯಿಲೆಯ ಸೋಂಕಗಳ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES..... 1 NO..... 2 →	Q110
Q107	From which sources of information or persons have you heard about RTI/STI ಯಾವ (ಸುದ್ದಿ) ಮೂಲಗಳಿಂದ ಅಥವಾ ಯಾರಿಂದ ಜನನಾಂಗಗಳ ಸೋಂಕು/ಲೈಂಗಿಕ ಖಾಯಿಲೆಯ ಸೋಂಕುಗಳ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿರುವ ವಸ್ತುಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1. RADIO.....1 2 2. TV.....1 2 3. NEWS PAPERS/BOOKS/MAGAZINES1 2 4. SLOGANS/PAMPHLETS/POSTERS/ WALL HOARDINGS.....1 2 5. DOCTOR.....1 2 6. HEALTH WORKERS.....1 2 7. SCHOOL TEACHERS.....1 2 8. COMMUNITY MEETING.....1 2 9. RELATIVES/FRIENDS.....1 2 10.OTHER_____ 1 2 (SPECIFY)	
Q108	How is RTI/STI transmitted? ಜನನಾಂಗಗಳ ಸೋಂಕು/ಲೈಂಗಿಕ ಖಾಯಿಲೆಯ ಸೋಂಕು ಹೇಗೆ ಹರಡುತ್ತದೆ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಕಾರಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1. HOMOSEXUAL INTERCOURSE..... 1 2 2. HETERO SEXUAL INTERCOURSE... 1 2 3. LACK OF PERSONAL HYGIENE..... 1 2 4. OTHER_____1 2 (SPECIFY) 5. DO NOT KNOW 9	
Q109	Do you think RTI/STI is a curable disease? ಜನನಾಂಗಗಳ ಸೋಂಕು/ಲೈಂಗಿಕ ಖಾಯಿಲೆ ಸೋಂಕು ವಾಸಿಯಾಗಬಲ್ಲ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗನಿಸುತ್ತದೆಯೇ?	YES ..... 1 NO..... 2 DO NOT KNOW..... 9	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	YES	NO	SKIP TO
Q110	During last three months did you have any of the following problem? ಕಳೆದ 3 ತಿಂಗಳುಗಳಿಂದ ಈ ಕೆಳಗಿನ ತೊಂದರೆಗಳೇನಾದರೂ ಆಗಿತ್ತೇ? **(ASK ABOUT EACH SEPARATELY)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	1. ANY DISCHARGE FROM PENIS 2. ANY SORE/RASH/REDNESS ON GENITAL OR ANAL AREA 3. DIFFICULTY/PAIN WHILE URINATING OR VERY FREQUENT URINATION 4. SWELLING OF TESTES OR IN GROIN AREA (PENIS) 5. ITCHING/IRRITATION AROUND GENITAL	1 1 1 1 1	2 2 2 2 2	IF NO TO ALL GO TO Q.116
Q111	Did you consult any body or did you seek treatment for the health problem? ಈ ತೊಂದರೆಗೆ ಯಾರನ್ನಾದರೂ ಭೇಟಿ ಮಾಡಿದ್ದೀರಾ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಾ?	YES NO		1 2	→ Q114
Q112	If yes, where did you go for consultation or treatment? ಹೌದಾದರೆ, ಎಲ್ಲಿ ಸಲಹೆ ಅಥವಾ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)		MENTIONED YES	NO	
		GOVERNMENT/MUNICIPAL HOSPITAL	1	2	
		GOVERNMENT DISPENSARY	1	2	
		UHC/UHP/UFWC	1	2	
		CHC/RURAL HOSPITAL	1	2	
		PHC	1	2	
		SUBCETNRE	1	2	
		NGO/TRUST HOSPITAL/CLINIC	1	2	
		PRIVATE HOSPITAL/CLINIC	1	2	
		GOVT. ISM HOSPITAL/CLINIC.	1	2	
		PRIVATE ISM HOSPITAL/CLINIC	1	2	
		CHEMIST/MEDICAL SHOP	1	2	
		OTHER	1	2	
Q113	Whom did you consult or from whom did you take the treatment? ಯಾರನ್ನು ಭೇಟಿ ಮಾಡಿದ್ದೀರಿ ಅಥವಾ ಯಾರಿಂದ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದೀರಿ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಉತ್ತರಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)		MENTIONED YES	NO	
		DOCTOR	1	2	
		MALE HEALTH WORKER	1	2	
		TRADITIONAL HEALER	1	2	
		RELATIVES/FRIENDS	1	2	
		HOME REMEDY	1	2	
		CHEMIST/MEDICAL SHOP	1	2	
		OTHER (SPECIFY)_____	1	2	
Q114	Have you ever discussed about this with your wife? ಈ ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಯಾವಾಗಲಾದರೂ ನಿಮ್ಮ ಹೆಂಡತಿಯ ಜೊತೆ ಚರ್ಚಿಸಿದ್ದೀರಾ?	YES NO		1 2	→ Q116
Q115	Did your wife also take the treatment? ನಿಮ್ಮ ಹೆಂಡತಿಯು ಸಹ ಚಿಕಿತ್ಸೆ ಪಡೆದುಕೊಂಡಿದ್ದಾರೆಯೇ?	YES NO		1 2	
Q116	Have you heard of an illness called HIV/AIDS? ನೀವು ಹೆಚ್.ಐ.ವಿ./ಏಡ್ಸ್ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES NO		1 2	→ Q122
Q117	From which source of information or Persons have you heard about HIV/AIDS? (DO NOT READ OUT THE OPTIONS) ಯಾವ ಸುದ್ದಿ ಮೂಲಗಳಿಂದ ಅಥವಾ ಯಾರಿಂದ ಹೆ.ಐ.ವಿ ಏಡ್ಸ್ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಿ? (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಸುದ್ದಿ ಮೂಲಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)		MENTIONED YES	NO	
		1. Radio	1	2	
		2. TV	1	2	
		3. NEWSPAPERS/BOOKS/ MAGAZINES	1	2	
		4. SLOGANS/PAMPHLETS/ POSTERS/WALL HOARDINGS	1	2	
		5. DOCTOR	1	2	
		6. HEALTH WORKERS	1	2	
		7. SCHOOL TEACHERS	1	2	
		8. COMMUNITY MEETING	1	2	
		9. RELATIVES/FRIENDS	1	2	
		10. OTHER_____ (SPECIFY)	1	2	

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q118	How is HIV/AIDS transmitted? ಹೆಚ್.ಐ.ವಿ./ಏಡ್ಸ್ ಖಾಯಿಲೆ ಹೇಗೆ ಹರಡುತ್ತದೆ? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಕಾರಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	1. HOMOSEXUAL INTERCOURSE ..... 1 2 2. HETEROSEXUAL INTERCOURSE ..... 1 2 3. NEEDLE/BLADES/SKIN PUNCTURE ..... 1 2 4. MOTHER TO CHILD ..... 1 2 5. TRANSFUSION OF INFECTED BLOOD ..... 1 2 6. OTHER _____ 1 2 (SPECIFY) 7. DO NOT KNOW 9	
Q119	Do you think that one can get HIV/AIDS from someone who has HIV/AIDS by: **(ASK ABOUT EACH SEPARATELY)** ಹೆಚ್.ಐ.ವಿ/ಏಡ್ಸ್ ಇರುವ ಒಬ್ಬ ರೋಗಿಯಿಂದ ಬೇರೊಬ್ಬ ವ್ಯಕ್ತಿಗೆ ಹೆಚ್.ಐ.ವಿ/ಏಡ್ಸ್ ರೋಗ ಈ ಮೂಲಗಳಿಂದ ಬರಬಹುದೆಂದು ನೀವು ಭಾವಿಸುತ್ತೀರಾ? (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತಿಯೊಂದು ಕಾರಣಗಳ ಬಗ್ಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಕೇಳಿರಿ)	YES NO DK 1. SHAKING HANDS ..... 1 2 9 2. HUGGING ..... 1 2 9 3. KISSING ..... 1 2 9 4. SHARING CLOTHS ..... 1 2 9 5. SHARING UTENSILS ..... 1 2 9 6. STEPPING ON URINE/STOOL ..... 1 2 9 7. MOSQUITO, FLEA OR BEDBUG BITES 1 2 9	
Q120	How do you think one can avoid HIV/AIDS? ಒಬ್ಬ ವ್ಯಕ್ತಿ ಹೆಚ್.ಐ.ವಿ./ಏಡ್ಸ್ ಬರದಂತೆ ಹೇಗೆ ತಡೆಗಟ್ಟಬಹುದು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ವಿಷಯಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1. SEX WITH ONLY ONE PARTNER ..... 1 2 2. USING CONDOMS DURING EACH SEXUAL INTERCOURSE ..... 1 2 3. CHECKING BLOOD PRIOR TO TRANSFUSION ..... 1 2 4. STERILIZING NEEDLES AND SYRINGES FOR INJECTION ..... 1 2 5. AVOIDING PREGNANCY WHEN HAVING HIV/AIDS ..... 1 2 6. OTHER (SPECIFY) _____ 1 2 7. DO NOT KNOW 9	
Q121	Do you think HIV/AIDS is a curable disease? ಹೆ.ಐ.ವಿ/ಏಡ್ಸ್ ವಾಸಿಯಾಗಬಲ್ಲ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗನಿಸುತ್ತದೆಯೇ?	YES ..... 1 NO ..... 2 DO NOT KNOW 9	
Q122	How many sons and daughters do you have? ನಿಮಗಿರುವ ಗಂಡು ಮತ್ತು ಹೆಣ್ಣು ಮಕ್ಕಳೆಷ್ಟು? **(INCLUDING THOSE PRESENTLY NOT LIVING WITH YOU)** (ನಿಮ್ಮ ಜೊತೆ ಸದ್ಯ ವಾಸಿಸದ ಮಕ್ಕಳನ್ನೂ ಒಳಗೊಂಡಂತೆ)	**(INCLUDE ONLY RESPONDENTS BIOLOGICAL CHILDREN)** SONS ..... ☐ DAUGHTERS ..... ☐ TOTAL ..... ☐☐	
Q123	Are you/your wife currently using any family planning method? ನೀವು/ನಿಮ್ಮ ಹೆಂಡತಿ ಸದ್ಯ ಯಾವುದೇ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸುತ್ತಿದ್ದೀರಾ?	YES ..... 1 NO ..... 2 →	Q126
Q124	Which method you or your wife is using? ನೀವು/ನಿಮ್ಮ ಹೆಂಡತಿ ಸದ್ಯದಲ್ಲಿ ಬಳಸುತ್ತಿರುವ ವಿಧಾನ ಯಾವುದು?	FEMALE STERILIZATION ..... 1 IUD/COPPER-T/LOOP ..... 2 ORAL PILLS ..... 3 MALE STERILIZATION ..... 4 CONDOMN/NIRODH ..... 5 RHYTHM/PERIODIC ABSTINANCE ..... 6 WITHDRAWAL ..... 7 OTHER MODERN METHOD (SPECIFY) ..... 8 OTHER TRADITIONAL METHOD ..... 9 (SPECIFY)	Q133

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q125	(ONLY FOR USERS OF FEMALE METHOD) What is the main reason for not accepting a ny male method? (ಹೆಂಗಸರ ವಿಧಾನ ಬಳಸುವವರಿಗೆ ಮಾತ್ರ) ಪುರುಷರ ವಿಧಾನವನ್ನು ಬಳಸದೇ ಇರಲು ಮುಖ್ಯ ಕಾರಣವೇನು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಕಾರಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1. FEAR OF IMPOTENCY ..... 1 2 2. LACK OF SEXUAL PLEASURE ..... 1 2 3. FEAR OF METHOD FAILURE ..... 1 2 4. FEAR OF OPERATION ..... 1 2 5. FEAR OF WEAKNESS ..... 1 2 6. FEAR OF FEMALE METHODS ARE POPULAR ..... 1 2 7. OTHER _____ 1 2 (SPECIFY)	GO TO Q.133
Q126	Would you like to have another child? ನೀವು ಮತ್ತೊಂದು ಮಗುವನ್ನು ಬಯಸುತ್ತೀರಾ/	WANT MORE CHILDREN ..... 1 WANT NO MORE CHILD ..... 2 NOT DECIDED ..... 3 UP TO GOD 4	Q129
Q127	Would you prefer your next child to be a girl or boy or it does not matter? ನಿಮ್ಮ ಮುಂದಿನ ಮಗು ಹೆಣ್ಣಾಗಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ ಅಥವಾ ಗಂಡಾಗಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ ಅಥವಾ ಯಾವುದಾದರೂ ಪರವಾಗಿಲ್ಲ ಎನ್ನುತ್ತೀರಾ?	BOY ..... 1 GIRL ..... 2 DOESN'T MATTER ..... 3 UP TO GOD 4	
Q128	How long would you like to wait to have another child? ಎಷ್ಟು ಸಮಯದ ನಂತರ ಮತ್ತೊಂದು ಮಗು ಬೇಕೆಂದು ಬಯಸುತ್ತೀರಾ?	NOT DECIDED ..... 98 SOON/NOW/LESS THAN 24 MONTH... 00 MORE THAN 24 MONTH..... ☐☐	Q130
Q129	What is the main reason for currently not using any method of family planning? ಸದ್ಯ ನೀವು ಯಾವುದೇ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸದೇ ಇರಲು ಮುಖ್ಯ ಕಾರಣವೇನು? **(OBTAIN ONLY THE MOST IMPORTANT REASON)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಅತಿಮುಖ್ಯವಾದ ಕಾರಣವನ್ನು ಮಾತ್ರ ಪಡೆಯಿರಿ)	LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS ..... 01 AGAINST THE RELIGION ..... 02 WIFE OPPOSED TO FAMILY PLANNING ..... 03 OTHER FAMILY MEMBERS OPPOSED ..... 04 NOT LIKE EXISTING METHODS ..... 05 AFRAID OF STERILIZATION ..... 06 CAN NOT WORK AFTER STERILIZATION ..... 07 WORRY ABOUT SIDE EFFECTS ..... 08 COSTS TOO MUCH ..... 09 HEALTH DOES NOT PERMIT ..... 10 WIFE'S HEALTH DOES NOT PERMIT ..... 11 DIFFICULT/INCONVENIENT TO GET METHOD ..... 12 INCONVENIENT TO USE METHOD ..... 13 WIFE IS PREGNANT ..... 14 WIFE CAN NOT BECOME PREGNANT ..... 15 OTHER (SPECIFY)_____ 16	
Q130	Do you intend to use any method of Family Planning at any time in the future? ಮುಂದೆ ಎಂದಾದರೂ ನೀವು ಯಾವುದಾದರೂ ಕುಟುಂಬ ಯೋಜನಾ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಷ್ಟ ಪಡುತ್ತೀರಾ?	YES ..... 1 NO ..... 2 CAN'T SAY/NOT DECIDED 3	Q133
Q131	If yes, which method you would prefer to use? ಹೌದಾದರೆ, ನೀವು ಯಾವ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಷ್ಟ ಪಡುತ್ತೀರಿ? **(CIRCLE ONLY THE MOST PREFERRED METHOD)** (ಹೆಚ್ಚಿನ ಆದ್ಯತೆ ನೀಡುವ ವಿಧಾನವನ್ನು ಮಾತ್ರ ವೃತ್ತ ಮಾಡಿ)	FEMALE STERILIZATION ..... 1 IUD/COPPER-T/ LOOP ..... 2 PILLS ..... 3 MALE STERILIZATION ..... 4 CONDOMN/NIRODH ..... 5 RHYTHM/PERIODIC ABSTINENCE ..... 6 WITHDRAWAL ..... 7 OTHER_____ 8 (SPECIFY)	Q133

Q.NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q132	**(ONLY FOR THOSE INTENDING TO USE FEMALE METHOD)** (ಮಹಿಳಾ ವಿಧಾನವನ್ನು ಬಳಸಲು ಇಚ್ಛಿಸುವವರಿಗೆ ಮಾತ್ರ) What is the main reason for not intending to use any male method? ಪುರುಷರ ವಿಧಾನವನ್ನು ಉಪಯೋಗಿಸಲು ಇಚ್ಛಿಸದಿರಲು ಮುಖ್ಯ ಕಾರಣವೇನು? **(DO NOT READ OUT THE OPTIONS)** (ಪ್ರಶ್ನಾವಳಿಯಲ್ಲಿ ಸೂಚಿಸಿರುವ ಕಾರಣಗಳನ್ನು ಓದಿ ತಿಳಿಸಬಾರದು)	MENTIONED YES NO 1. FEAR OF IMPOTENCY..... 1 2 2. LACK OF SEXUAL PLEASURE..... 1 2 3. FEAR OF METHOD FAILURE..... 1 2 4. FEAR OF OPERATION..... 1 2 5. FEAR OF WEAKNESS..... 1 2 6. FEAR OF FEMALE METHODS ARE POPULAR..... 1 2 7. OTHER _____ 1 2 (SPECIFY)	
Q133	Have you heard of No Scalpel Vasectomy (NSV)? ನೀವು 'ನೋಸ್ಕಾಲ್ ಪೆಲ್' ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯನ್ನು ಕೇಳಿದ್ದೀರಾ?	YES ..... 1 NO ..... 2 →	STOP
Q134	Between NSV and conventional vasectomy, which is simpler? 'ನೋಸ್ಕಾಲ್ ಪೆಲ್' ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮತ್ತು ಸಾಂಪ್ರದಾಯಿಕ ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಗಳಲ್ಲಿ ಯಾವುದು ಸರಳ ವಿಧಾನ?	NSV ..... 1 CONVENTIONAL VASACTOMY..... 2 BOTH ..... 3 NONE ..... 4 DON'T KNOW 9	
Q135	What are the complications of NSV? 'ನೋಸ್ಕಾಲ್ ಪೆಲ್' ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯ ತೊಡಕುಗಳೇನು?	NO COMPLICATION ..... 1 ANY COMPLICATION (SPECIFY) ..... 2 DON'T KNOW 9	
Q136	Does NSV affect man's sexual performance? 'ನೋಸ್ಕಾಲ್ ಪೆಲ್' ಪುರುಷ ಸಂತಾನಹರಣ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯು ಮನುಷ್ಯನ ಲೈಂಗಿಕ ಕ್ರಿಯೆಯ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುತ್ತದೆಯೇ?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
Q 137	RECORD TIME	HOURS ☐☐ MINUTES ☐☐	

DISTRICT LEVEL HOUSEHOLD SURVEY
REPRODUCTIVE AND CHILD HEALTH (RCH)
Round II Phase II, 2003-2004
VILLAGE QUESTIONNAIRE

Confidential for research purpose only

IDENTIFICATION

STATE _____

DISTRICT _____

TEHESIL/TALUK COMMUNITY DEVELOPMENT BLOCK/MANDAL _____

PSU (VILLAGE) _____

RESPONDENT'S NAME _____

1) VILLAGE PRADHAN/UP PRADHAN 2) ANY OTHER PANCHAYAT MEMBER 3) TEACHER 4) GRAM SEVAK

ADDRESS _____

_____

_____

SERIAL NUMBER OF VILLAGE QUESTIONNAIRE .....
(TO BE ENTERED AT OFFICE)

INTERVIEW DATE — DAY | MONTH | YEAR

QV101	Distance to nearest town (in Km).	
QV102	Distance to district head quarter (in Km).	
QV103	Distance to nearest A) Bus Station .....km. B) Railway Station .....km.	
QV104	Whether village is connected by all-weather road to other places? Yes.....1 No 2	

QV105 — Education

Education	Within Village Yes	No	If not in the village, distance to nearest
A) Primary School	1	2	.....(in km.)
B) Middle School	1	2	.....(in km.)
C) Secondary School	1	2	.....(in km.)
D) Higher Secondary School	1	2	.....(in km.)
E) College	1	2	.....(in km.)
F) Guruji Scheme	1	2	.....(in km.)
g) Madarasa	1	2	.....(in km.)

QV105	Health Facilities, Within Village	Yes	No	If not in the village Distance to nearest facility	Whether accessible throughout the year Yes	No
	A) ICDS (Anganwadi)	1	2	.....(in km.)	1	2
	B) Sub-Centre	1	2	.....(in km.)	1	2
	C) PHC	1	2	.....(in km.)	1	2
	D) CHC/RH	1	2	.....(in km.)	1	2
	E) Govt. Dispensary	1	2	.....(in km.)	1	2
	F) Govt. Hospital	1	2	.....(in km.)	1	2
	G) Private Clinic	1	2	.....(in km.)	1	2
	H) Private Hospital	1	2	.....(in km.)	1	2
	I) ISM Health Facility	1	2	.....(in km.)	1	2

QV107	Health provider in the Village	Number	
	a) Private Doctor	(.....)	
	b) Visiting Doctor	(.....)	
	c) Unani Doctor	(.....)	
	d) Ayurvedic Doctor	(.....)	
	e) Homeopathic Doctor	(.....)	
	f) Sidha Doctor	(.....)	
	g) Traditional Healer	(.....)	
	h) VHG	(.....)	
	i) Trained Birth Attendant	(.....)	
	j) Dai	(.....)	
	k) ICDS/Anganwadi worker	(.....)	
	l) Other _____ (Specify)	(.....)	

QV108	Out reach services for the village	Yes	No	
	a) Mobile Health Clinic	1	2	
	b) Mobile Child Health Services	1	2	

QV109	How frequently do they (mobile clinic) visit in village Not at all .....0 Actual Number	

RESULT STATUS OF THE VILLAGE QUESTIONNAIRE	
COMPLETED .....1 REFUSED .....2 OTHER 3	
NO. OF VISITS MADE	

	SPOT CHECKED BY	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	
NAME					
DATE					

NAME OF THE INVESTIGATOR	SIGNATURE OF THE INVESTIGATOR

NOTES